

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
7126	ı	Dexter Investment Corp.					
Principal Office Address			City State Zip				
70 Waterman Avenue			East Providence		RI	02914	
4. NAICS Code	6. Brief desc	cription of the charac	cter of business	conducted in Rhoc	L de Island		
53 - Real Estate and Rental		e investment					
5. State of Incorporation	$\dashv$						
RI							
7. List ALL officers (names and	d addresses)			Che	eck the box to indic	cate an attachment	
President Name Brent Dexter	Vice-President Name Brent Dexter						
Street Address 195 Riverside D	Street Address 195 Riverside Drive						
City Riverside	State RI	<sup>Zip</sup> <b>02915</b>	City Riverside		State RI	<sup>Zip</sup> <b>02915</b>	
Secretary Name Brent S. Dexter			Treasurer Name Kirk Dexter				
Street Address 122 Allerton Avenue			Street Address 35 Shore Drive				
City East Providence	State RI	<sup>Zip</sup> <b>02914</b>	City Warren		State RI	<sup>Zip</sup> <b>02885</b>	
8. List ALL directors (names an	id addresses)		1=-	Che	ck the box to indic	ate an attachment	
Director Name Brent Dexter			Director Name	<sup>e</sup> Kirk Dexter			
Street Address 195 Riverside Drive			Street Address 35 Shore Drive				
<sup>City</sup> Riverside	State RI	<sup>Zip</sup> 02915	City Warren		State RI	Zip <b>02885</b>	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Issu					
Department of State.		1000	OI VIVES	Comm	[	No Par	
Changes require an additional fil	ing.						
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized renres	entative. If the cor	rogration is in the h	ande of a receiver or	
rustee, this report must be exe	cuted on behalf of	the corporation by t	the receiver or tri	rustee.			
Under penalty of perjury, I de statements, and that all state				ncluding any acco	ompanying sched	fules and	
Name of Authorized Representa	d correct.	4-					
Brent Dexter			2/09/2017				
Signature of Authorized Repres	entative	V V	3	HEN	1		
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov PEB 2 | 2017