



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.

STAMP

1. Entity ID Number 94931		2. Exact name of the Corporation DETAILED STONE CONTRACTORS, INC.			
3. Principal Office Address 327 PINE ORCHARD ROAD		City CHEPACHET		State RI	Zip 02814
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ALL PHASES OF MASONRY CONSTRUCTION				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY ST. GERMAIN			Vice-President Name GARY ST. GERMAIN		
Street Address 327 PINE ORCHARD ROAD			Street Address 327 PINE ORCHARD ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name GARY ST. GERMAIN			Treasurer Name GARY ST. GERMAIN		
Street Address 327 PINE ORCHARD ROAD			Street Address 327 PINE ORCHARD ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative GARY ST. GERMAIN					Date 2-15-17
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 21 2017

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FORM 630 - Revised: 02/2017