



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.

1. Entity ID Number 8591		2. Exact name of the Corporation DUMONT REALTY, INC.	
3. Principal Office Address 680 ARMISTICE BOULEVARD		City PAWTUCKET	State RI
		Zip 02861	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island TO HOLD, TRANSMIT, CONVEY, CONSTRUCT, PURCHASE, SELL, LEASE, BROKER, MORTGAGE AND DEAL WITH REAL ESTATE.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name PAUL E. DUMONT, JR.		Vice-President Name KEVIN DUMONT	
Street Address 780 ARMISTICE BOULEVARD		Street Address 710 ARMISTICE BOULEVARD	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Secretary Name KEVIN DUMONT		Treasurer Name PAUL E. DUMONT, JR.	
Street Address 710 ARMISTICE BOULEVARD		Street Address 780 ARMISTICE BOULEVARD	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name PAUL E. DUMONT, JR.		Director Name KEVIN DUMONT	
Street Address 780 ARMISTICE BOULEVARD		Street Address 710 ARMISTICE BOULEVARD	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		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 KEVIN DUMONT		Date 1/12/17	
Signature of Authorized Representative <i>Kevin P. Dumont</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FEB 24 2017

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FORM 630 - Revised: 10/2016