

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017 4
Filing Period: January 1 - March 1 - Filing Fee: \$50.00° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401.222,3040

Form 630 Rev. 08/08

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(evid)) is 2. Name of Corporation
Dorsald DesCoteaux General Contractor Inc 151583 3. Street Address Principal Business Office 630 Whaley Hollow Rd City Coventry 4. Business Phone No. 401-385-9690 230 R.I. 02816 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Elunic Island General Contractor - Construction 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🌓 FILL IN SPACES BEFORE USING ATTACHMENTS Donald DesCoteaux None Street Address 630 Whaley Hollow Rd Street Address State Coventry, City R.LSecretary Name 02816 Sinte None Treasurer Name None Street Address Street Address City Zip City State 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address None Street Address State State Director Name Director Name Street Address Street Address Cily State 7.17 State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Number of Shares Class/Series Par Value instruction sheet. None None 100-0-01 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. File Date Check No. Signature Donald DesCoteaux Print or Type Name

President

Title