



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 001315768		2. Name of Corporation DUPRE, INC.			
3. Street Address Principal Business Office 369 NASH ROAD			City NEW BEDFORD	State MA	Zip 02746
4. Business Phone No. 508-993-8088		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island MASON CONTRACTORS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH E. DUPRE, III			Vice President Name PETER G. DUPRE		
Street Address 13 HIGHLAND AVE.			Street Address 6 SPRING HILL ROAD		
City MATTAPOISETT	State MA	Zip 02739	City DARTMOUTH	State MA	Zip 02747
Secretary Name PETER G. DUPRE			Treasurer Name PETER G. DUPRE		
Street Address 6 SPRING HILL ROAD			Street Address 6 SPRING HILL ROAD		
City DARTMOUTH	State MA	Zip 02747	City DARTMOUTH	State MA	Zip 02747
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 200,000	Class/Series CNP	Par Value 0.00

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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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JUN 28 2017
 BY **307103**
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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.

Signature: Rosemary M. Dupre Date: _____
 Print or Type Name: **ROSEMARY M. DUPRE**
 Title: **OFFICE MANAGER**