



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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 |
| | | | | | |

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.

FILED

JUN 28 2017

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BY A.A. 10:35 AM

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

Date

ROSEMARY M. DUPRE

Print or Type Name

OFFICE MANAGER

Title

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