



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"/>					
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 instruction sheet.			Number of Shares	Class/Series	Par Value
			200,000	CNP	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.

**FILED**

JUN 28 2017

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

BY 307103  
 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: *Rosemary M. Dupre* Date: \_\_\_\_\_  
 ROSEMARY M. DUPRE  
 Print or Type Name  
 OFFICE MANAGER  
 Title