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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 01 2018
BY 5230

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
000097972	ROWLAND DYER BUILDERS, INC.		
3. Principal Office Address	City	State	Zip
590 DUGWAY BRIDGE ROAD	WEST KINGSTON	RI	02892
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236115	CONSTRUCTION, BUILDING, GENERAL CONTRACTING		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name ROWLAND DYER, JR.			Vice-President Name CHERYL DYER		
Street Address 590 DUGWAY BRIDGE ROAD			Street Address 590 DUGWAY BRIDGE ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Secretary Name CHERYL DYER			Treasurer Name ROWLAND DYER, JR.		
Street Address 590 DUGWAY BRIDGE ROAD			Street Address 590 DUGWAY BRIDGE ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name ROWLAND DYER, JR.			Director Name CHERYL DYER		
Street Address 590 DUGWAY BRIDGE ROAD			Street Address 590 DUGWAY BRIDGE ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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	Date
CHERYL DYER	X 1-30-18

Signature of Authorized Representative
X Cheryl Dyer — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017