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

Annual Report for the year:

2018 Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

 → Panatty: Additional \$25.00 fee if form is not filed by April 1.

→ Penaity: Additional \$25.00 fe	e it form is not ti	led by April 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 KING	SSTON	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	orporation							
RHODE ISLAND								
7. List ALL officers (names and add	iresses)			Check the box to indicate an attachment				
President Name ROWLAND DYER,	Vice-President Name CHERYL DYER							
Street Address 590 DUGWAY BRID	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 BRID		Street Address 590 DUGWAY BRIDGE ROAD						
City WEST KINGSTON	State RI	^{Zip} 02892	City WEST K	(INGSTON	State RI	Zip 02892		
8. List ALL directors (names and ac	dresses)		<u> </u>	Check	the box to in	ndicate an attachment		
Director Name ROWLAND DYER, J	Director Name	Director Name CHERYL DYER						
Street Address 590 DUGWAY BRID	Street Address	Street Address 590 DUGWAY BRIDGE ROAD						
City WEST KINGSTON	State RI	^{Zip} 02892	City WEST K	INGSTON	State RI	Zip 02892		
Director Name NONE	Director Name NONE							
Street Address	Street Address							
City	State	Zip	City		State	Ζιρ		
9. Shares Authorized		10. Shares Issu	<u>l</u> Jed	Check	the box to in	ndicate an attachment 🔲		
This information is currently of recor	d in the		NUMBER OF SHARES CLASS/SERIES PAR VALUE					
Department of State.		100		COMMON		NO PAR		
Changes require an additional filing.								
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 /-	30-18					
Signature of Authorized Representative								
X Cheryl Dyer		SIGN DOC	CUMENT 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