



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

FILED

FEB 26 2018

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.

BY

136004
OK

1. Entity ID Number 001671689		2. Exact name of the Corporation MgO Design Build, Inc.			
3. Principal Office Address P.O. Box 764			City Slatersville	State RI	Zip 02876-0764
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Corporation's purpose is to engage in any lawful business, particularly general construction.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maureen Dubois			Vice-President Name Michael Dubois		
Street Address P.O. Box 764			Street Address P.O. Box 764		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Secretary Name Phil Godfrin			Treasurer Name Michael Dubois		
Street Address P.O. Box 764			Street Address P.O. Box 764		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Maureen Dubois			Director Name Michael Dubois		
Street Address P.O. Box 764			Street Address P.O. Box 764		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Director Name Phil Godfrin			Director Name		
Street Address P.O. Box 764			Street Address		
City Slatersville	State RI	Zip 02876	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Michael Dubois				Date 2-18-18	
Signature of Authorized Representative <i>Michael Dubois</i>				SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 10/2017