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

FILED
FEB 26 2018
BY 136044

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
001671689	MgO Design Build, Inc.

3. Principal Office Address	City	State	Zip
P.O. Box 764	Slatersville	RI	02876-0764

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

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	Date
Michael Dubois	2-18-18

Signature of Authorized Representative: Michael A. Dubois — 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