

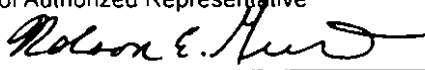


Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

510

- 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 <b>000132408</b>		2. Exact name of the Corporation <b>N &amp; D BUILDERS, LTD.</b>			
3. Principal Office Address <b>P.O. Box 2028</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>Generally engage in the business of construction of residential and commercial buildings.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nelson E. Girard</b>		Vice-President Name <b>Mary Jo Girard</b>			
Street Address <b>P.O. Box 2028</b>		Street Address <b>P.O. Box 2028</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Mary Jo Girard</b>		Treasurer Name <b>Nelson E. Girard</b>			
Street Address <b>P.O. Box 2028</b>		Street Address <b>P.O. Box 2028</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Nelson E. Girard</b>		Director Name <b>Mary Jo Girard</b>			
Street Address <b>P.O. Box 2028</b>		Street Address <b>P.O. Box 2028</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>	<b>Common</b>	<b>None</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Nelson E. Girard, President</b>				Date <b>2/23/18</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>FEB 26 2018</b> BY <b>21094</b>	