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

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000132408 | N & D BUILDERS, LTD. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| P.O. Box 2028 | Westerly | RI | 02891 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 236115 | Generally engage in the business of construction of residential and commercial buildings. |
| 5. State of Incorporation: Rhode Island | |

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

| President Name | Vice-President Name |
|---|---|
| Nelson E. Girard | Mary Jo Girard |
| Street Address: P.O. Box 2028 | Street Address: P.O. Box 2028 |
| City: Westerly, State: RI, Zip: 02891 | City: Westerly, State: RI, Zip: 02891 |
| **Secretary Name:** Mary Jo Girard | **Treasurer Name:** Nelson E. Girard |
| Street Address: P.O. Box 2028 | Street Address: P.O. Box 2028 |
| City: Westerly, State: RI, Zip: 02891 | City: Westerly, State: RI, Zip: 02891 |

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

| Director Name | Director Name |
|---|---|
| Nelson E. Girard | Mary Jo Girard |
| Street Address: P.O. Box 2028 | Street Address: P.O. Box 2028 |
| City: Westerly, State: RI, Zip: 02891 | City: Westerly, State: RI, Zip: 02891 |
| Director Name | Director Name |
| 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 |
|---|---|---|
| 1000 | Common | None |
| | | |

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 |
|---|---|
| Nelson E. Girard, President | 2/23/18 |

Signature of Authorized Representative: Nelson E. Girard — SIGN DOCUMENT HERE

FILED
FEB 26 2018
BY 21094

**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