

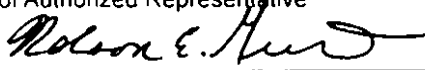


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

510.0

- 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 000132408		2. Exact name of the Corporation N & D BUILDERS, LTD.			
3. Principal Office Address P.O. Box 2028		City Westerly		State RI	Zip 02891
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island 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 Nelson E. Girard		Vice-President Name 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 Nelson E. Girard		Director Name 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 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		CLASS/SERIES	
		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 Nelson E. Girard, President				Date 2/23/18	
Signature of Authorized Representative 				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