State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 1:09

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
000133585	**David Golding Construction, Inc.**

3. Principal Office Address	City	State	Zip
30 Trowbridge Drive	**North Kingstown**	**RI**	**02852**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	**To own and operate a building construction and renovation business**
5. State of Incorporation: **Rhode Island**	

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

President Name **David Golding**			Vice-President Name		
Street Address **30 Trowbridge Drive**			Street Address		
City **North Kingstown**	State **RI**	Zip **02852**	City	State	Zip
Secretary Name **David Golding**			Treasurer Name **David Golding**		
Street Address **30 Trowbridge Drive**			Street Address **30 Trowbridge Drive**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**

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

Director Name **N/A**			Director Name **N/A**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name **N/A**			Director Name **N/A**		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1000**	**Common**	**.01**

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
David Golding	2/10/18

Signature of Authorized Representative

SIGN DOCUMENT HERE **FILED** 1:09pm

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

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FORM 630 - Revised: 10/2017