



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN 20 PM 12:40

1. Entity ID Number 001672825			2. Exact name of the Corporation J. David Contracting, Inc.		
3. Principal Office Address 650 Weeden Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Building, contracting, rehab and construction business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. David Baldwin, Jr.			Vice-President Name J. David Baldwin, III		
Street Address 650 Weeden Street			Street Address 650 Weeden Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Lindsay Baldwin			Treasurer Name Lindsay Baldwin		
Street Address 650 Weeden Street			Street Address 650 Weeden Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 J. David Baldwin, Jr.					Date 3/27/2018
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

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

JUN 20 2018

BY CA 333131

FORM 630 - Revised: 10/2017