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			
90096	David Purvis Construction, Inc.			
3. Principal Office Address		City	State	Zip
165 River Farm Drive		East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	TO ENGAGE IN THE CONSTRUCTION BUSINESS			
5. State of Incorporation				
Rhode Island				

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

President Name David K. Purvis			Vice-President Name David K. Purvis		
Street Address 165 River Farm Drive			Street Address 165 River Farm Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name David K. Purvis			Treasurer Name		
Street Address 165 River Farm Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip

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

Director Name David K. Purvis			Director Name		
Street Address 165 River Farm Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 No 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	Date
David K. Purvis	9/19/18

Signature of Authorized Representative

FILED
SEP 21 2018
BY 5220

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615