



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

Annual Report for the year: **2015**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2018 NOV 16 PM 12:07

1. Entity ID Number 000798735		2. Exact name of the Corporation B & D CONSTRUCTION CO., INC.			
3. Principal Office Address 252 BRITTON STREET		City RAYNHAM		State MA	Zip 02767
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR - RESIDENTIAL AND BUSINESS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANIEL G. DAROSA			Vice-President Name BRENDAN P. MULLEN		
Street Address 252 BRITTON ST			Street Address 59 LINDEN ST UNIT 1302		
City RAYNHAM	State MA	Zip 02767	City TAUNTON	State MA	Zip 02780
Secretary Name DANIEL G. DAROSA			Treasurer Name DANIEL G. DAROSA		
Street Address 252 BRITTON ST			Street Address 252 BRITTON ST		
City RAYNHAM	State MA	Zip 02767	City RAYNHAM	State MA	Zip 02767
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DANIEL G. DAROSA			Director Name NONE		
Street Address 252 BRITTON ST			Street Address		
City RAYNHAM	State MA	Zip 02767	City	State	Zip
Director Name NONE			Director Name NONE		
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
			100		CNP/1
					PAR VALUE
					\$0.000
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 BRENDAN P. MULLEN					Date 11/12/2018
Signature of Authorized Representative 					
SIGN DOC NOV 16 2018					

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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