State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

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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1. Entity ID Number	2. Exact nan	ne of the Corporation	on		_					
7126		Dexter Investment Corp.								
3. Principal Office Address			City	City		Zip				
70 Waterman Avenue			East Provid	lence	State RI	02914				
NAICS Code     State of Incorporation	-	ription of the chara e investment	cter of business	conducted in Rhodi	e Island	• · · · •				
7. List ALL officers (names an	id addresses)			Che	ck the box to in	ndicate an attachment				
President Name Brent Dexter			Vice-President Name Brent Dexter							
Street Address 195 Riverside Drive			Street Addres	Street Address 195 Riverside Drive						
City Riverside	State RI	<sup>Zip</sup> 02915	City Riversid	City Riverside		<sup>Zip</sup> 02915				
Secretary Name Brent S. Dexte			Treasurer Na	Treasurer Name Brent Dexter						
Street Address 122 Allerton Drive				Street Address 195 Riverside Drive						
City East Providence	State RI	<sup>Zip</sup> 02914	City Riverside		State RI	<sup>Zip</sup> 02915				
8. List ALL directors (names a	ind addresses)	<del>-</del>		Che	ck the box to in	ndicate an attachment 🔲				
Director Name Brent Dexter			Director Name	Director Name						
Street Address 195 Riverside Drive			Street Addres	Street Address						
City Riverside	State RI	<sup>Zip</sup> 02915	City		State	Zip				
Director Name			Director Name	Director Name						
Street Address			Street Addres	Street Address						
City	State	Zip	City	<u> </u>	State	Zip				
9. Shares Authorized		10. Shares Is:	sued	Chec	k the box to in	dicate an attachment				
This information is currently of	record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE					
Department of State. Changes require an additional filing.		1000		Comm		No Par				
		<u> </u>				<del> </del>				
11. This report must be execut	ted on behalf of the	corporation by an	authorized repro-	sentative If the cor	noration is is 4	a hande of a receiver				
<u>trustee, this report must be ex</u>	ecuted on behalf of	the corporation by	the receiver or tr	rustee.						
Under penalty of perjury, I d statements, and that all stat	leclare and affirm	that I have examin	ed this report, i	ncluding any acco	ompanying so	hedules and				
Name of Authorized Represen		nerem are true ar	ia correct.		Date					
Brent Dexter					2/6/20					
Signature of Authorized Repre	esentative 5	0.1.71	K		•					
	1 / 2	ENK C. C.								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017