



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

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 FOR SECRETARY OF STATE
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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.

1. Entity ID Number 8591		2. Exact name of the Corporation DUMONT REALTY, INC.			
3. Principal Office Address 680 Armistice Boulevard			City Pawtucket	State RI	Zip 02861
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To hold, transmit, convey, construct, purchase, sell, lease, broker, mortgage and deal with real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul E. Dumont, Jr.			Vice-President Name Kevin Dumont		
Street Address 780 Armistice Boulevard			Street Address 710 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Kevin Dumont			Treasurer Name Paul E. Dumont, Jr.		
Street Address 710 Armistice Boulevard			Street Address 780 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul E. Dumont, Jr.			Director Name Kevin Dumont		
Street Address 780 Armistice Boulevard			Street Address 710 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 Kevin Dumont					Date 12-21-2019
Signature of Authorized Representative 					

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

FILED
 SIGN DOCUMENT HERE
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 BY **3578**