RI SOS Filing Number: 202034905760 Date: 2/21/2020 2:16:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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CORPORATIONS DIV
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**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 |
|---|---|
| **000343000** | **Dry Zone Basement Systems, Inc.** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **850 Bedford Street** | **Bridgewater** | **MA** | **02324** |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| **238990** | **Basement waterproofing** |
| 5. State of Incorporation | |
| **MA** | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name **Todd P. Lutinski** | | | Vice-President Name | | |
| Street Address **850 Bedford Street** | | | Street Address | | |
| City **Bridgewater** | State **MA** | Zip **02324** | City | State | Zip |
| Secretary Name **Todd P. Lutinski** | | | Treasurer Name **Todd P. Lutinski** | | |
| Street Address **850 Bedford Street** | | | Street Address **850 Bedford Street** | | |
| City **Bridgewater** | State **MA** | Zip **02324** | City **Bridgewater** | State **MA** | Zip **02324** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name **Todd P. Lutinski** | | | Director Name | | |
| Street Address **850 Bedford Street** | | | Street Address | | |
| City **Bridgewater** | State **MA** | Zip **02324** | 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.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | **0 Outstanding** | **1,000 Common Auth** | **0** |
| | | | |

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 |
|---|---|
| **Todd P. Lutinski** | 2.19.2020 |

Signature of Authorized Representative SIGN DOCUMENT HERE

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**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: 02/2017**