



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2010
 Corporation _____

2020 FEB 21 PM 2:07

- 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 000343000		2. Exact name of the Corporation Dry Zone Basement Systems, Inc.			
3. Principal Office Address 850 Bedford Street			City Bridgewater	State MA	Zip 02324
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Basement waterproofing			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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
			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. <u>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.</u>					
Name of Authorized Representative Todd P. Lutinski					Date 2.19.2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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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