



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

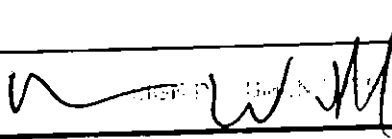
Annual Report for the year: 2020

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 542839		2. Exact name of the Corporation DMB Construction, Inc.			
3. Principal Office Address 68 Swanton St		City Winchester		State Ma.	Zip 01890
4. NAICS Code 213112	6. Brief description of the character of business conducted in Rhode Island General Contracting				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bruce Wells		Vice-President Name Bruce Wells			
Street Address 107 Spy Pond Parkway		Street Address 107 Spy Pond Parkway			
City Arlington	State Ma.	Zip 02474	City Arlington	State Ma.	Zip 02474
Secretary Name Bruce Wells		Treasurer Name Bruce Wells			
Street Address 107 Spy Pond Parkway		Street Address 107 Spy Pond Parkway			
City Arlington	State Ma.	Zip 02474	City Arlington	State Ma.	Zip 02474
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bruce Wells		Director Name			
Street Address 107 Spy Pond Parkway		Street Address			
City Arlington	State Ma.	Zip 02474	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		20,000	Common	\$0.10	
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. <b>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.</b>					
Name of Authorized Representative Bruce Wells, President					Date 10/3/20
Signature of Authorized Representative 					<b>FILED</b>

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

OCT 06 2020 KM

BY 35256 FORM 30 - Revised: 10/2017