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RI DEPT OF STATE
BUS SERVICES DIV



State of Rhode Island
Department of State - Business Services Division

2020 NOV -5 A 9:18

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 000148633		2. Exact name of the Corporation NMP Golf Construction Corp			
3. Principal Office Address 25 Bishop Avenue Suite A-2			City Williston	State VT	Zip 05495
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND RESTORATION AND DRAINING AND IRRIGATION OF GOLF COURSES AND SPORTS FIELDS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name NORMAND POIRIER			Vice-President Name MARIO POIRIER		
Street Address 165 DESBIENS			Street Address 798 DES BERNACHES		
City Ste-Madeleine	State QC, CAN	Zip J0H 1S0	City MONT SAINT-HILAIRE	State QC, CAN	Zip J3H 6C9
Secretary Name None			Treasurer Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		None	None	None	
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 Normand Poirier				Date Nov 4th 2020	
Signature of Authorized Representative 				FILED	

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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BY VFAZZ
A.A-22ipm
FORM 630 - Revised: 08/2020