



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

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FOR
 SECRETARY OF STATE
 OFFICE

Annual Report for the year: 2021
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 000092972		2. Exact name of the Corporation G.D. CONSTRUCTION, ROOFING & SIDING, INC.			
3. Principal Office Address 1625 Victory Highway			City Coventry	State RI	Zip 02827
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing and siding for commercial and residential buildings			
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 Germain L. Duquette			Vice-President Name		
Street Address 1625 Victory Highway			Street Address		
City Coventry	State RI	Zip 02827	City	State	Zip
Secretary Name Germain L. Duquette			Treasurer Name Germain L. Duquette		
Street Address 1625 Victory Highway			Street Address 1625 Victory Highway		
City Coventry	State RI	Zip 02827	City Coventry	State RI	Zip 02827
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Germain L. Duquette			Director Name		
Street Address 1625 Victory Highway			Street Address		
City Coventry	State RI	Zip 02827	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 <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			
		100	Common	No Par Value	
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 Germain L. Duquette, President					Date 1/27/2021
Signature of Authorized Representative 					

SIGN DOCUMENT **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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