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Department of State - Business Services Division

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Annual Report for the year:	2021
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number 001663769		2. Exact name of the Corporation DREAM CONSTRUCTION INC						
3. Principal Office Address 1818 MINERAL SPRING A			City NORTH PROVIDENCE		State RI	Zip 02904		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhod				I		
236118	RESIDENT	RESIDENTIAL CONSTRUCTION						
5. State of Incorporation RHODE ISLAND								
7. List ALL officers (names a	nd addresses)		_		ck the box to i	ndicate an attachment		
President Name YAO CHEN	resident Name YAO CHEN		Vice-President Name BINQIANG ZHONG					
Street Address 19 DUNBAR AVE		Street Address 27 RIVERVIEW DR						
City N PROVIDENCE	State RI	Zip 02904	City N PROVIDENCE		State RI	Zip 02904		
Secretary Name	· · · · · · · · · · · · · · · · · · ·		Treasurer Name			.		
Street Address		Street Ad		Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)			Che	eck the box to i	ndicate an attachment		
Director Name			Director Nan	ne .				
Street Address			Street Addre	ess				
City	State	Zip	City		State	Zip		
Director Name	<u> </u>	<u> </u>	Director Nam	ne	<u> </u>	<u></u>		
Street Address		 :	Street Addre	ess				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is		Che	eck the box to i	ndicate an attachment		
This information is currently of record in the Department of State.			OF SHARES CLASS/SERIES			S PAR VALUE		
Changes require an additional filing.		100		COMMON	· · · · · · · · · · · · · · · · · · ·	NO PAR VALUE		
11. This raped must be even	and an habalf of the							
11. This report must be exect trustee, this report must be e	executed on behalf of	f the corporation by	authorized repr the receiver or	esentative, if the co trust ee ,	orporation is in i	ine nanos of a receiver of		
Under penalty of perjury, I	declare and affirm	that i have examii	ned this report,		companying s	chedules and		
statements, and that all sta Name of Authorized Represe		l herein are true a	nd correct.		Date	 		
YAO CHEN						01/06/2021		
Signature of Authorized Rep	* t:				1			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov