State of Rhode Island
Department of State - Business Services Division

FILED
FEB 04 2021
STAMP
BY

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	2. Exact name of the Corporation
793761	D.L. Poulin, Inc.

3. Principal Office Address	City	State	Zip
40 Jordan Avenue	Brunswick	ME	04011

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236116	Commercial Building Contractor
5. State of Incorporation: Maine	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Brent Poulin			Vice-President Name:		
Street Address: 40 Jordan Avenue			Street Address:		
City: Brunswick	State: ME	Zip: 04011	City:	State:	Zip:
Secretary Name: Richard Bryant			Treasurer Name:		
Street Address: 215 Commercial Street			Street Address:		
City: Portland	State: ME	Zip: 04101	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300		

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	Date
Brent Poulin	1-22-2021

Signature of Authorized Representative: Brent A Poulin

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

FORM 630 - Revised: 08/2020