



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

1. Entity ID Number 001682510		2. Exact name of the Corporation Brian Dumond Construction, Inc.		2021 FEB 23 A 11:39	
3. Principal Office Address 77 Old Main Street			City Manville	State RI	Zip 02838
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island To conduct and carry on the business of general construction and contracting			
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 Brian Dumond			Vice-President Name Ronda Dumond		
Street Address 77 Old Main Street			Street Address 77 Old Main Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Ronda Dumond			Treasurer Name Brian Dumond		
Street Address 77 Old Main Street			Street Address 77 Old Main Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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			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/SLRILS		
			PAR VALUE		
			400		
			Common		
			No Par		
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 Brian Dumond, President					Date 2-16-2021
Signature of Authorized Representative 					

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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FORM 630 - Revised: 10/2017