State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV.

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	
001682510	Brian Dumond Construction, Inc.	2021 FEB 23 A 11:39

3. Principal Office Address	City	State	Zip
77 Old Main Street	Manville	RI	02838

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236116	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 ☐

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 ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	400	Common	No Par
Changes require an additional filing.			

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
Brian Dumond, President	2-16-2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 23 2021
BY CR YRED8
11:39

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov