RI SOS Filing Number: 202193575730 Date: 3/3/2021 4:00:00 PM

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.

RECEIVED STAMP
MAR 03 2021
BY 4064 DS

1. Entity ID Number	2. Exact name of the Corporation
000 8691	**DUMONT REALTY, INC.**

3. Principal Office Address	City	State	Zip
680 Armistice Boulevard	**Pawtucket**	**RI**	**02861**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	**To hold, transmit, convey, construct, purchase, sell, lease, broker, mortgage and deal with real estate.**
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Paul E. Dumont, Jr.	**Kevin Dumont**
Street Address **780 Armistice Boulevard**	Street Address **710 Armistice Boulevard**
City **Pawtucket** State **RI** Zip **02861**	City **Pawtucket** State **RI** Zip **02861**
Secretary Name **Kevin Dumont**	Treasurer Name **Paul E. Dumont, Jr.**
Street Address **710 Armistice Boulevard**	Street Address **780 Armistice Boulevard**
City **Pawtucket** State **RI** Zip **02861**	City **Pawtucket** State **RI** Zip **02861**

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

Director Name	Director Name
Paul E. Dumont, Jr.	**Kevin Dumont**
Street Address **780 Armistice Boulevard**	Street Address **710 Armistice Boulevard**
City **Pawtucket** State **RI** Zip **02861**	City **Pawtucket** State **RI** Zip **02861**
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
100	**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	Date
Kevin Dumont	

Signature of Authorized Representative

K P D SIGN DOCUMENT HERE

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: 10/2017