State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 30 2021
BY 13601

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
9014	DYNOMIKE, INC.

3. Principal Office Address	City	State	Zip
689 Hamilton-Allenton Road	North Kingstown	RI	02852

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
236118	The carrying on of a construction business
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		
Mary Ann MacLaughlin			None		
Street Address: 689 Hamilton-Allenton Road			Street Address		
City: North Kingstown	State: RI	Zip: 02852	City	State	Zip
Secretary Name: Mary Ann MacLaughlin			Treasurer Name: Mary Ann MacLaughlin		
Street Address: 689 Hamilton-Allenton Road			Street Address: 689 Hamilton-Allenton Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name			Director Name		
Mary Ann MacLaughlin					
Street Address: 689 Hamilton-Allenton Road			Street Address		
City: North Kingstown	State: RI	Zip: 02852	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	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
Mary Ann MacLaughlin	March 26, 2021

Signature of Authorized Representative: Mary Ann MacLaughlin

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