

Amended no fee

State of Rhode Island

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

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|                                                                                                                                                                                                                                                   |                                                                                                          |                                                                       |                           |                    |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------|--------------------|-----------------------------------------|
| 1. Entity ID Number<br><b>1706284</b>                                                                                                                                                                                                             |                                                                                                          | 2. Exact name of the Corporation<br><b>DILLMEIER ENTERPRISES INC.</b> |                           |                    |                                         |
| 3. Principal Office Address<br><b>3 SURREY ROAD</b>                                                                                                                                                                                               |                                                                                                          |                                                                       | City<br><b>BARRINGTON</b> | State<br><b>RI</b> | Zip<br><b>02806</b>                     |
| 4. NAICS Code<br><b>327210</b>                                                                                                                                                                                                                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>FLAT GLASS PRODUCT</b> |                                                                       |                           |                    |                                         |
| 5. State of Incorporation<br><b>AR</b>                                                                                                                                                                                                            |                                                                                                          |                                                                       |                           |                    |                                         |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |                                                                                                          |                                                                       |                           |                    | Check the box to indicate an attachment |
| President Name<br><b>DAVID DILLMEIER</b>                                                                                                                                                                                                          |                                                                                                          |                                                                       | Vice-President Name       |                    |                                         |
| Street Address<br><b>97 WYATT RD</b>                                                                                                                                                                                                              |                                                                                                          |                                                                       | Street Address            |                    |                                         |
| City<br><b>GARDEN CITY</b>                                                                                                                                                                                                                        | State<br><b>NY</b>                                                                                       | Zip<br><b>11530</b>                                                   | City                      | State              | Zip                                     |
| Secretary Name                                                                                                                                                                                                                                    |                                                                                                          |                                                                       | Treasurer Name            |                    |                                         |
| Street Address                                                                                                                                                                                                                                    |                                                                                                          |                                                                       | Street Address            |                    |                                         |
| City                                                                                                                                                                                                                                              | State                                                                                                    | Zip                                                                   | 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                                                                                                                                                                                                                              |                                                                                                          | 10. Shares Issued                                                     |                           |                    |                                         |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                      |                                                                                                          | NUMBER OF SHARES                                                      |                           | CLASS/SERIES       | PAR VALUE                               |
|                                                                                                                                                                                                                                                   |                                                                                                          | 100                                                                   |                           | COMMON             | \$ 1.00                                 |
| 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<br><b>DAVID DILLMEIER</b>                                                                                                                                                                                       |                                                                                                          |                                                                       |                           |                    | Date<br><b>8/23/2021</b>                |

FILED

## MAIL TO:

Division of Business Services

146 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 23 2021  
BY A.A. 3:05pm.



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

August 23, 2021 03:05 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the Seal of the State of Rhode Island.

Nellie M. Gorbea  
*Secretary of State*

