



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 24 2022 STAMP

B. 3863
DS

1. Entity ID Number 000092972		2. Exact name of the Corporation G.D. CONSTRUCTION, ROOFING & SIDING, INC.			
3. Principal Office Address 1625 Victory Highway			City Coventry	State RI	Zip 02827
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing and siding for commercial and residential buildings			
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 Germain L. Duquette			Vice-President Name		
Street Address 1625 Victory Highway			Street Address		
City Coventry	State RI	Zip 02827	City	State	Zip
Secretary Name Germain L. Duquette			Treasurer Name Germain L. Duquette		
Street Address 1625 Victory Highway			Street Address 1625 Victory Highway		
City Coventry	State RI	Zip 02827	City Coventry	State RI	Zip 02827
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Germain L. Duquette			Director Name		
Street Address 1625 Victory Highway			Street Address		
City Coventry	State RI	Zip 02827	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/SERIES		
			100	Common	No Par Value
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 Germain L. Duquette, President					Date 2/23/22
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

FORM 630 - Revised: 11/2021