



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

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 07 2023

BY 3473

K8

1. Entity ID Number 7126		2. Exact name of the Corporation Dexter Investment Corp.			
3. Principal Office Address 70 Waterman Ave			City East Providence	State RI	Zip 02914
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate investment.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brent Dexter			Vice-President Name Brent Dexter		
Street Address 195 Riverside Drive			Street Address 195 Riverside Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Kiel G. Dexter			Treasurer Name Brent Dexter		
Street Address 26 Middle Hwy			Street Address 195 Riverside Drive		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brent Dexter			Director Name		
Street Address 195 Riverside Drive			Street Address		
City Riverside	State RI	Zip 02915	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		
			PAR VALUE		
			607		
			Comm		
			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 Brent Dexter					Date 2/2/23
Signature of Authorized Representative Brent Dexter					

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