



State of Rhode Island
Department of State - Business Services Division

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.

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BUS SVCS DIV.

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| | | | | | |
|--|---------------|---|---|---------------|--------------------|
| 1. Entity ID Number 000117397 | | 2. Exact name of the Corporation DENNIS R. CLARKE BUILDING CONTRACTOR INC. | | | |
| 3. Principal Office Address 175 WOODY HILL RD | | City HOPE VALLEY | State R.I. | Zip 02832 | |
| 4. NAICS Code 236115 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE A BUILDING CONTRACTING BUSINESS | | | |
| 5. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ANDREW J. CLARKE | | | Vice-President Name DANIEL R. CLARKE | | |
| Street Address 175 WOODY HILL RD | | | Street Address 48 ARCADIA RD | | |
| City HOPE VALLEY | State R.I. | Zip 02832 | City HOPE VALLEY | State R.I. | Zip 02832 |
| Secretary Name DENNIS R. CLARKE | | | Treasurer Name | | |
| Street Address 322 BURRIS RD | | | Street Address | | |
| City Aiken | State SC. | Zip 29805 | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 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 | | PAR VALUE |
| | | | 200 | | \$100.0000 |
| | | | CLASS/SERIES | | |
| | | | CWP | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative ANDREW J. CLARKE | | | | | Date 11/23/2023 |
| Signature of Authorized Representative <i>Andrew J. Clarke</i> | | | | | |

MAIL TO:
Division of Business Services
148 W River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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