



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV 27 A 10:56

1. Entry 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 02882
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 ARADORA 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		
			CLASS/SERIES		PAR VALUE
			200	CWP	\$100.0000
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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BY ML BAAME
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