

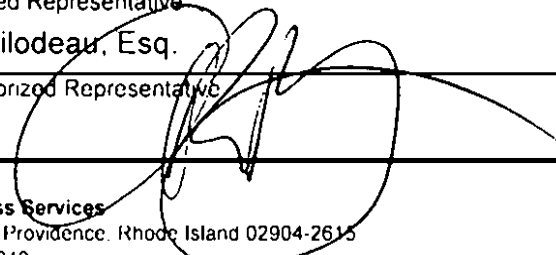
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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number W085855		2. Exact name of the Corporation Dexter Plastering, Inc.			
3. Principal Office Address 245 Hill Farm Road			City Coventry	State RI	Zip 02816
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Specialty contractor; plastering for business and residential.			
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 Christopher Dexter			Vice-President Name Christine Dexter		
Street Address 245 Hill Farm Road			Street Address 245 Hill Farm Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Christine Dexter			Treasurer Name Christopher Dexter		
Street Address 245 Hill Farm Road			Street Address 245 Hill Farm Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
		100		CNP	\$0.0000
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. 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 Andrew R. Bilodeau, Esq.					Date 1/16/24
Signature of Authorized Representative 					FILED 1:23

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
1:23
JAN 16 2024
BY AD BUE
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