RI SOS Filing Number: 202446990000 Date: 2/20/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 20 2024
BY

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	2. Exact name of the Corporation			
7137	Dexter Sign Co.			
3. Principal Office Address: 70 Waterman Avenue		City: East Providence	State: RI	Zip: 02914
4. NAICS Code: 23-Construction	6. Brief description of the character of business conducted in Rhode Island: Excavation			
5. State of Incorporation: Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Brent Dexter			Vice-President Name: Kiel G. Dexter		
Street Address: 195 Riverside Drive			Street Address: 26 Middle Hwy.		
City: Riverside	State: RI	Zip: 02915	City: Barrington	State: R I	Zip: 02806
Secretary Name: Brent Dexter			Treasurer Name: Cory N. Dexter		
Street Address: 195 Riverside Drive			Street Address: 195 Riverside Dr ive		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	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	Date
Brent Dexter	2/15/24
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: 12/2023