

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

FIELD

Corporation		_
Z Filing bering:	February 1 - May	7

Annual Report for the year: 2025

Filing period: February 1 - May 1
Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	ee if form is no	t filed by May 31.							
1 Entity ID Number 000092972	2 Exact name of the Corporation G.D. CONSTRUCTION, ROOFING & SIDING, INC.								
3. Principal Office Address	G.D. CO	NOTRUCTA		JEING & SIDII		<u>.                                    </u>	T		
1625 Victory Highway	·		City Coven	itry	State RI		Zip 02827		
4 NAICS Code	6. Brief descrip	ption of the characte	er of busines	ss conducted in Rhode	Island		<del></del>		
238160	Roofing and siding for commercial and residential buildings								
5. State of Incorporation									
Rhode Island	<u> </u>								
7. List ALL officers (names and add	iresses)		· · · · · ·	Check the t	oox to indi	cate an att	achment 🗀		
President Name Germain L. Duquette				Vice-President Name					
Street Address 1625 Victory Highway			Street Addi	Street Address					
City Coventry	State RI	<sup>Zip</sup> 02827	City	City			Zip		
Secretary Name Germain L. Du	L. Duquette			Treasurer Name Germain L. Duquette					
Street Address 1625 Victory Highway		Street Address 1625 Victory Highway							
Coventry	State RI	<sup>Zip</sup> 02827	City Cov	City Coventry		RI	<sup>Zip</sup> 02827		
8 List ALL directors (names and ad	ldresses)		1=	Check the t	oox to indi	cate an att	achment 🗆		
Germain L. Duq	•		Director Na	ame					
Street Address 1625 Victory Highway		Street Address							
City Coventry	State RI	<sup>Zip</sup> 02827	City				Zip		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zıp		
9. Shares Authorized	A 1 _ AL _	10. Shares Issu			k the box to indicate an attachment SSER.ES PAR VALUE				
This information is currently of recor Department of State.	d in the	NUMBER OF	SHAMES			No Par Value			
Changes require an additional filing.		100	_	Common		ino Par Value			
	onangos roquire an additional ming.								
<ol> <li>This report must be executed or ceiver or trustee, this report must be</li> </ol>	e executed on b	behalf of the corpora	ation by the	receiver or trustee					
Under penalty of perjury, I declar statements, and that all statemen	re and affirm th nts contained l	nat I have examine herein are true and	d this repor d correct.	t, including any acco	mpanying	g schedule	s and		
Name of Authorized Representative					Date				
Germain L. Duquette, President					4)	3/13/2025			
Signature of Authorized Representation	ative					_			
	(", "								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov