



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 71751		2. Exact name of the Corporation George S. Drummey Co., INC					
3. Principal office address 44 York Ave				City Randolph	State MA	Zip 02368	
4. Business Phone No. 781-963-0782				5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Design, Build M. E. P. Contractor							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Stephen J. Drummey				Vice-President Name Stephen J. Drummey			
Street Address 40 Riverside Terrace				Street Address 40 Riverside Terrace			
City North Easton	State MA	Zip 02356		City North Easton	State MA	Zip 02356	
Secretary Name Stephen J. Drummey				Treasurer Name Stephen J. Drummey			
Street Address 40 Riverside Terrace				Street Address 40 Riverside Terrace			
City North Easton	State MA	Zip 02356		City North Easton	State MA	Zip 02356	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Phil Johnson				Director Name			
Street Address 79 Exchange Street				Street Address			
City Rockland	State MA	Zip 02370		City	State	Zip	
Director Name Robert R. Cossette				Director Name			
Street Address 45 Washington Street Unit 157				Street Address			
City Plainville	State MA	Zip 02762		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1,000	commom	non	

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.

FILED

FEB 16 2012

File Date _____

Check No _____

By: _____ *mnc*

FOR SECRETARY OF STATE USE ONLY *CA #25165*

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.

SJD **02/14/2012**
 Signature of Authorized Representative Date

Stephen J. Drummey

Print or Type Name of Authorized Representative