State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
54139	DAVITT DESIGN BUILD, INC.

3. Street Address Principal Business Office	City	State	Zip
4 Frank Avenue	West Kingston	RI	02892

4. Business Phone No.	5. State of Incorporation
401-792-9799	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General contractor, carpentry.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Matthew O. Davitt	Matthew O. Davitt
Street Address: 4 Frank Avenue	Street Address: 4 Frank Avenue
City: West Kingston, State: RI, Zip: 02892	City: West Kingston, State: RI, Zip: 02892
Secretary Name: Matthew O. Davitt	Treasurer Name: Matthew O. Davitt
Street Address: 4 Frank Avenue	Street Address: 4 Frank Avenue
City: West Kingston, State: RI, Zip: 02892	City: West Kingston, State: RI, Zip: 02892

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Matthew O. Davitt	
Street Address: 4 Frank Avenue	Street Address:
City: West Kingston, State: RI, Zip: 02892	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

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.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
60	Share Common Stock	No Par Value

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.

[redacted] [redacted]

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.

Matthew O. Davitt — *Signature* — 12.30.14 *Date*

Matthew O. Davitt
Print or Type Name

[redacted] President
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 15 2015
BY [redacted]

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Form 630 Rev. 12/06