



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

c - 2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 71751		2. Exact name of the Corporation George S. Drummy Co., Inc	
3. Principal Office Address 44 York Ave		City Randolph	State MA
		Zip 02368	
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island Design, Build, M.E.P. Contractor		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stephen Drummy		Vice-President Name Stephen Drummy	
Street Address 40 Riverside Terr.		Street Address 40 Riverside Terr.	
City North Easton	State MA	Zip 02356	City North Easton
		State MA	Zip 02356
Secretary Name Stephen Drummy		Treasurer Name	
Street Address 40 Riverside Terr.		Street Address	
City North Easton	State MA	Zip 02356	City
		State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sean Concannon		Director Name	
Street Address 39 Crawford Street		Street Address	
City Braintree	State MA	Zip 02184	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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000	CLASS/SERIES Common
			PAR VALUE non
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 Stephen Drummy		Date 2-23-2017	
Signature of Authorized Representative SJD			

MAIL TO:

Division of Business Services

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

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