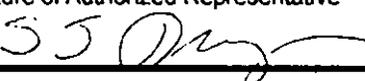




State of Rhode Island and Providence Plantations
Department of State & Business Services Division

Annual Report for the year: 2017
Corporation

- 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. Drummey Co., Inc.			
3. Principal Office Address 44 York Ave.			City Randolph	State MA	Zip 02368
4. NAICS Code 236115		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 Drummey			Vice-President Name Stephen 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 Drummey			Treasurer Name		
Street Address 40 Riverside Terrace			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 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		common	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. <i>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.</i>					
Name of Authorized Representative Stephen Drummey				Date 2-14-2018	
Signature of Authorized Representative 				FILED FEB 20 2018 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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