



**Annual Report for the year: 2019 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 <b>193854</b>		2. Exact name of the Corporation <b>Drill Construction Co., Inc.</b>	
3. Principal Office Address <b>80 Main Street - Suite 570</b>		City <b>West Orange</b>	State <b>NJ</b>
		Zip <b>07052</b>	
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>General Construction</b>		
5. State of Incorporation <b>New Jersey</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Roger L. Drill</b>		Vice-President Name <b>Lawrence K. Drill</b>	
Street Address <b>80 Main Street - Suite 570</b>		Street Address <b>80 Main Street - Suite 570</b>	
City <b>West Orange</b>	State <b>NJ</b>	City <b>West Orange</b>	State <b>NJ</b>
Zip <b>07052</b>		Zip <b>07052</b>	
Secretary Name <b>David E. Drill</b>		Treasurer Name <b>Lawrence K. Drill</b>	
Street Address <b>80 Main Street - Suite 570</b>		Street Address <b>80 Main Street - Suite 570</b>	
City <b>West Orange</b>	State <b>NJ</b>	City <b>West Orange</b>	State <b>NJ</b>
Zip <b>07052</b>		Zip <b>07052</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Roger L. Drill</b>		Director Name <b>Lawrence K. Drill</b>	
Street Address <b>80 Main Street - Suite 570</b>		Street Address <b>80 Main Street - Suite 570</b>	
City <b>West Orange</b>	State <b>NJ</b>	City <b>West Orange</b>	State <b>NJ</b>
Zip <b>07052</b>		Zip <b>07052</b>	
Director Name <b>David E. Drill</b>		Director Name	
Street Address <b>80 Main Street - Suite 570</b>		Street Address	
City <b>West Orange</b>	State <b>NJ</b>	City	State
Zip <b>07052</b>		Zip	
9. Shares Authorized <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>Common</b>
		PAR VALUE	<b>None</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Valerie Ramirez / Bookkeeper</b>		Date <b>01/18/2019</b>	
Signature of Authorized Representative <i>Valerie Ramirez</i>		<b>FILED</b>	

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

**JAN 22 2019**  
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