

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

JAN 22 2019
 BY 39141 DS