



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

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.

**FILED**

MAR 01 2019

BY

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1. Entity ID Number <b>122634</b>		2. Exact name of the Corporation <b>Discount Disposal &amp; Demo, Inc.</b>			
3. Principal Office Address <b>19C Buck Hill Road</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>562111</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN DEMOLITION DISPOSAL FOR THE CONSTRUCTION BUSINESS.</b>			
5. State of Incorporation <b>Rhode Island</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>Stacey Papavasiliou</b>			Vice-President Name <b>Stacey Papavasiliou</b>		
Street Address <b>19C Buck Hill Road</b>			Street Address <b>19C Buck Hill Road</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Stacey Papavasiliou</b>			Treasurer Name <b>Stacey Papavasiliou</b>		
Street Address <b>19C Buck Hill Road</b>			Street Address <b>19C Buck Hill Road</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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>Stacey Papavasiliou</b>			Director Name		
Street Address <b>19C Buck Hill Road</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <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
			100		Common
					PAR VALUE
					\$1,000
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>Stacey Papavasiliou, President</b>					Date <b>2.26.19</b>
Signature of Authorized Representative <i>Stacey Papavasiliou</i> President					SIGN DOCUMENT HERE

MAIL TO:

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