



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

**Annual Report for the year: 2020**  
**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**  
**STAMP**  
 JAN 22 2020  
 BY ASS8 OS

1. Entity ID Number <b>107650</b>		2. Exact name of the Corporation <b>Drumcoll Investments, Inc.</b>	
3. Principal Office Address <b>34 Sweet Hill Drive</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>529990</b> Investment, Scientific, and Technical Services	6. Brief description of the character of business conducted in Rhode Island <b>Investments</b>		
5. State of Incorporation <b>RI</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>Raymond F. Bruzzese</b>		Vice-President Name <b>Marilyn A. Solomon</b>	
Street Address <b>34 Sweet Hill Drive</b>		Street Address <b>34 Sweet Hill Drive</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>Raymond F. Bruzzese</b>		Treasurer Name <b>Raymond F. Bruzzese</b>	
Street Address <b>34 Sweet Hill Drive</b>		Street Address <b>34 Sweet Hill Drive</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		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			No Par
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>Raymond F. Bruzzese</b>			Date <b>01/13/2020</b>
Signature of Authorized Representative 			<b>SIGN DOCUMENT HERE</b>

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