



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

2858 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>523910</b> Investments		6. Brief description of the character of business conducted in Rhode Island			
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					
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
Changes require an additional filing.					
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 <b>Raymond F. Bruzzese</b>				Date <b>01/13/2020</b>	
Signature of Authorized Representative 				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.n.gov

FORM 630 - Revised: 10/2016