



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

FEB 10 2021  
 3:11 PM  
 020950

**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.

|  |             |   |                     |                    |  |
|--|-------------|---|---------------------|--------------------|--|
| 1. Entity ID Number<br>001706275   |             | 2. Exact name of the Corporation<br>Griffco Design Build, Inc.                                    |                     |                    |  |
| 3. Principal Office Address<br>1701 Barrett Lakes Blvd Ste. 285  |             |   | City<br>Kennesaw    | State<br>GA        | Zip<br>30144   |
| 4. NAICS Code<br>236115  |             | 6. Brief description of the character of business conducted in Rhode Island<br>General Contractor |                     |                    |  |
| 5. State of Incorporation<br>Georgia   |             |   |                     |                    |  |
| 7. List ALL officers (names and addresses)   |             |   |                     |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>Scott C Griffin  |             |   | Vice-President Name |                    |  |
| Street Address<br>4504 Burnt Hickory Road NW   |             |   | Street Address      |                    |  |
| City<br>Marietta   | State<br>GA | Zip<br>30064  | City                | State              | Zip  |
| Secretary Name   |             |   | Treasurer Name      |                    |  |
| Street Address   |             |   | Street Address      |                    |  |
| City   | State       | Zip   | City                | State              | Zip  |
| 8. List ALL directors (names and addresses)  |             |   |                     |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| 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   |                     |                    |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES  |                     | CLASS/SERIES       |  |
|  |             | 1,000   |                     | Common/A           |  |
|  |             |   |                     | PAR VALUE          |  |
|  |             |   |                     | \$01               |  |
| 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.<br><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<br>Scott C Griffin   |             |   |                     | Date<br>02/04/2021 |  |
| Signature of Authorized Representative<br>   |             |   |                     |                    |  |