

FILED



FEB 23 2021

Annual Report for the year: 2021  
Corporation

BY 4709  
DS

- 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 122634		2. Exact name of the Corporation Discount Disposal & Demo, Inc.			
3. Principal Office Address 47 Kennedy Road		City Foster	State RI	Zip 02825	
4. NAICS Code 562111		5. Brief description of the character of business conducted in Rhode Island To engage in demolition disposal for the construction business.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Stacey Papavasiliou			Vice-President Name Stacey Papavasiliou		
Street Address 47 Kennedy Road			Street Address 47 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Stacey Papavasiliou			Treasurer Name Stacey Papavasiliou		
Street Address 47 Kennedy Road			Street Address 47 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Stacey Papavasiliou			Director Name		
Street Address 47 Kennedy Road			Street Address		
City Foster	State RI	Zip 02825	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		Par Value
			100	Common	\$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. 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 Stacey Papavasiliou, President <i>[Signature]</i>				Date 2-23-21	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.RI.gov