

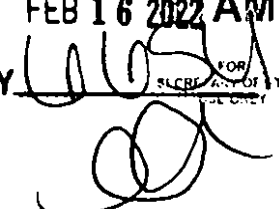


State of Rhode Island

Department of State - Business Services Division

FILED

FEB 16 2022 AMP

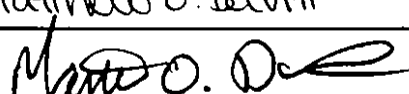
BY  FOR SECRETARY OF STATEAnnual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 54139		2. Exact name of the Corporation DAVITT DESIGN BUILD, INC.			
3. Principal Office Address 4 Frank Avenue			City West Kingston	State RI	Zip 02892
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General contractor, carpentry.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Matthew O. Davitt			Vice-President Name Matthew O. Davitt		
Street Address 4 Frank Avenue			Street Address 4 Frank Avenue		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Matthew O. Davitt			Treasurer Name Matthew O. Davitt		
Street Address 4 Frank Avenue			Street Address 4 Frank Avenue		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Matthew O. Davitt			Director Name		
Street Address 4 Frank Avenue			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			60 Share Common Stock No Par Value		
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 Matthew O. Davitt				Date 02/09/2022	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021