State of Rhode Island

Department of State - Business Services Division

FILED
FEB 16 2022 STAMP
BY

Annual 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	2. Exact name of the Corporation			
54139	**DAVITT DESIGN BUILD, INC.**			
3. Principal Office Address		City	State	Zip
4 Frank Avenue		**West Kingston**	**RI**	**02892**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	**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			Vice-President Name		
Matthew O. Davitt			**Matthew O. Davitt**		
Street Address			Street Address		
4 Frank Avenue			**4 Frank Avenue**		
City	State	Zip	City	State	Zip
West Kingston	**RI**	**02892**	**West Kingston**	**RI**	**02892**
Secretary Name			Treasurer Name		
Matthew O. Davitt			**Matthew O. Davitt**		
Street Address			Street Address		
4 Frank Avenue			**4 Frank Avenue**		
City	State	Zip	City	State	Zip
West Kingston	**RI**	**02892**	**West Kingston**	**RI**	**02892**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Matthew O. Davitt					
Street Address			Street Address		
4 Frank Avenue					
City	State	Zip	City	State	Zip
West Kingston	**RI**	**02892**			
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Matthew O. Davitt		

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