



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JAN 26 2023
BY 3600
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number <u>60005850</u>		2. Exact name of the Corporation <u>D.R. BUILDERS, INC</u>			
3. Principal Office Address <u>15 CALYPSO DRIVE WEST (PO BOX 673 CHARLESTOWN RI WAKEFIELD)</u>		City <u>RI</u>	State <u>RI</u>	Zip <u>02879</u>	
4. NAICS Code <u>213112</u>		6. Brief description of the character of business conducted in Rhode Island <u>to CONDUCT A GENERAL CONSTRUCTION BUSINESS</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DAVID M RUBERTO</u>			Vice-President Name <u>NONE</u>		
Street Address <u>15 CALYPSO DRIVE WEST</u>			Street Address		
City <u>WAKEFIELD RI</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
Secretary Name <u>VALERIA A RUBERTO</u>			Treasurer Name <u>DAVID M RUBERTO</u>		
Street Address <u>15 CALYPSO WEST</u>			Street Address <u>15 CALYPSO DRIVE WEST</u>		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>600</u>	<u>A CLASS</u>	<u>NO PAR</u>
			<u>300</u>	<u>Common</u>	<u>NO PAR</u>
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 <u>DAVID M. RUBERTO</u>				Date <u>1/23/2023</u>	
Signature of Authorized Representative <u>DAVID M RUBERTO PM. D.R. BUILDERS, INC</u>					