



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 001672167		2. Exact name of the Corporation David A. Boegler General Contracting Inc	
3. Principal Office Address 184 Captains Row		City Bourne	State MA
		Zip 02532	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island General Contractor of residential properties. Oversee subcontractors in all phases of new construction as well as renovations and additions.		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David A. Boegler		Vice-President Name None	
Street Address 184 Captains Row		Street Address	
City Bourne	State MA	Zip 02532	
Secretary Name David A. Boegler		Treasurer Name David A. Boegler	
Street Address 184 Captains Row		Street Address 184 Captains Row	
City Bourne	State MA	Zip 02532	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES 0
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 David A. Boegler			Date 1/24/24
Signature of Authorized Representative 			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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