



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	City	State	Zip
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	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	City	State	Zip
Director Name None			Director Name None		
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
		100			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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BY ML GHTWW