



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year  
Corporation2024

FILED

APR 17 2024

BY

58101 DS

1. Entity ID Number 001663048		2. Exact name of the Corporation Driscoll Construction, Inc.	
3. Principal Office Address 1829 Pawtucket Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island General Contracting		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Peter Driscoll		Vice-President Name Peter Driscoll	
Street Address 1829 Pawtucket Avenue		Street Address 1829 Pawtucket Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Peter Driscoll		Treasurer Name Peter Driscoll	
Street Address 1829 Pawtucket Avenue		Street Address 1829 Pawtucket Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Peter Driscoll		Director Name	
Street Address 1829 Pawtucket Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		1000	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 Michael A. Devane, Esq.		Date 4-15-24	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

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