DGOLDING 12/02/2024 1:48 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

☒ Filing period: February 1 - May 1
☒ Filing Fee: $50.00
☒ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
JAN 15 2025
BY

1. Entity ID Number	2. Exact name of the Corporation			
000133585	DAVID GOLDING CONSTRUCTION, INC.			
3. Principal Office Address		City	State	Zip
30 TROWBRIDGE DRIVE		NORTH KINGSTOWN	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236110				
5. State of Incorporation				
RI	RESIDENTIAL CONSTRUCTION			

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

President Name			Vice-President Name		
DAVID G GOLDING			DAVID G GOLDING		
Street Address			Street Address		
30 TROWBRIDGE DRIVE			30 TROWBRIDGE DRIVE		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	RI	02852
Secretary Name			**Treasurer Name**		
DAVID G GOLDING			DAVID G GOLDING		
Street Address			Street Address		
30 TROWBRIDGE DRIVE			30 TROWBRIDGE DRIVE		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	RI	02852

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

Director Name			Director Name		
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	01

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 G. Golding — Date: 12/15/24

Signature of Authorized Representative: DAVID G GOLDING

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