



State of Rhode Island
Department of State - Business Services Division

FILED
JAN 15 2025
BY 3088
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Annual Report for the year: YR. 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.

1. Entity ID Number <u># 5850</u>		2. Exact name of the Corporation <u>D.R. BUILDERS INC</u>			
3. Principal Office Address <u>15 CALYPSO DR. WEST / P.O. BOX 6111 CAALFOUR, RHO 02813</u>		City <u>WAKEFIELD RI.</u>		State <u>R.I.</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 in Rhode Island</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 DR. WEST</u>			Street Address		
City <u>WAKEFIELD</u>	State <u>R.I.</u>	Zip <u>02879</u>	City	State	Zip
Secretary Name <u>MARICIA A. Ruberto</u>			Treasurer Name <u>DAVID M. Ruberto</u>		
Street Address <u>15 CALYPSO DR. WEST</u>			Street Address <u>15 CALYPSO DR. WEST</u>		
City <u>WAKEFIELD</u>	State <u>R.I.</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>R.I.</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>300</u>	<u>A CLASS</u> <u>COMMON</u>	<u>NO PAR</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>1/12/25</u>
Signature of Authorized Representative <u>David M Ruberto Pres. D.R. Builders Inc</u>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov