RI SOS Filing Number: 202563444040 Date: 1/28/2025 4:00:00 PM

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BY SDO2

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.

1. Entity ID Number	2. Exact name of the Corporation			
000293757	DAVID S. GABRIELLE BUILDERS, INC.			
3. Principal Office Address		City	State	Zip
5 Shoreline Drive		Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	renovations, construction-residential and commercial			
5. State of Incorporation				
Rhode Island				

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

President Name: David S. Gabrielle			Vice-President Name:		
Street Address: 5 Shoreline Drive			Street Address:		
City: Westerly	State: RI	Zip: 02891	City:	State:	Zip:
Secretary Name: David S. Gabrielle			Treasurer Name: David S. Gabrielle		
Street Address: 5 Shoreline Drive			Street Address: 5 Shoreline Drive		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

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

Director Name: David S. Gabrielle			Director Name:		
Street Address: 5 Shoreline Drive			Street Address:		
City: Westerly	State: RI	Zip: 02891	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	no par

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	Date
David S. Gabrielle	01-28-25

Signature of Authorized Representative: David S. Gabrielle

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

FORM 630- Revised: 04/2023