



**State of Rhode Island  
Department of State - Business Services Division**

**FIELD**

Annual Report for the year: **2025**

JAN 29 2025  
BY 158600

**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 <b>000063690</b>		2. Exact name of the Corporation <b>DURASTONE CORPORATION</b>			
3. Principal Office Address <b>150 HIGGINSON AVENUE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>327300</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURER OF CONCRETE PRODUCTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CAROLE ANN DISCUILLO</b>			Vice-President Name <b>ROBERT B. DISCUILLO, JR</b>		
Street Address <b>470 PIPPIN ORCHARD ROAD</b>			Street Address <b>675 PIPPIN ORCHARD ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>MARY ANN DISCUILLO</b>			Treasurer Name <b>JOANN CICCARELLI</b>		
Street Address <b>470 PIPPIN ORCHARD ROAD</b>			Street Address <b>141 BEECHWOOD DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 VALUF			
		<b>4,000.00</b>	<b>CNP</b>	<b>\$0.0000</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>JOANN CICCARELLI</b>				Date <b>✓ 1-27-25</b>	
Signature of Authorized Representative <i>Joann Ciccarella</i>					

MAIL TO:  
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Website: www.sos.ri.gov