

FILED

MAR 05 2025

BY 1985



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 <u>151583</u>		2. Exact name of the Corporation <u>Donald Descoteaux general contractor inc</u>			
3. Principal Office Address <u>630 whaley hollow Rd</u>		City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
4. NAICS Code <u>23648</u>		5. Brief description of the character of business conducted in Rhode Island <u>general contractor</u>			
6. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Donald Descoteaux</u>			Vice-President Name <u>NONE</u>		
Street Address <u>630 whaley hollow Rd</u>			Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <small>This information is currently of record in the Department of State. Changes require an additional filing.</small>			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>NONE</u>	CLASS SHARES <u>NONE</u>	PAR VALUE <u>100-0.01</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>Donald Descoteaux</u>					Date
Signature of Authorized Representative <u>Donald Descoteaux</u>					