



State of Rhode Island
Department of State - Business Services Division

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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 000054139		2. Exact name of the Corporation Davitt Design Build, Inc.			
3. Principal Office Address 4 Frank Avenue, Suite 1A			City West Kingston	State RI	Zip 02892
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General contractor, carpentry.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew O. Davitt			Vice-President Name Matthew O. Davitt		
Street Address 4 Frank Avenue, Suite 1A			Street Address 4 Frank Avenue, Suite 1A		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Katherine L. Whitney			Treasurer Name David C. Whitney		
Street Address 4 Frank Avenue, Suite 1A			Street Address 4 Frank Avenue, Suite 1A		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Matthew O. Davitt			Director Name		
Street Address 4 Frank Avenue, Suite 1A			Street Address		
City West Kingston	State RI	Zip 02892	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		
			Common Shares		
			no par value		
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 Matthew O. Davitt					Date 2/20/25
Signature of Authorized Representative 					FILED

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

MAR 05 2025

BY ALB
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FORM 630 - Revised: 04/2023