



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.

REC'D RIDOS BSD
25 APR 14 AM 10:28:58

1. Entity ID Number 122634		2. Exact name of the Corporation Discount Disposal & Demo, Inc.												
3. Principal Office Address 47 Kennedy Road			City Foster	State RI	Zip 02825									
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island To engage in demolition disposal for the construction business.												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Stacey Papavasiliou			Vice-President Name Stacey Papavasiliou											
Street Address 47 Kennedy Road			Street Address 47 Kennedy Road											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
Secretary Name Stacey Papavasiliou			Treasurer Name Stacey Papavasiliou											
Street Address 47 Kennedy Road			Street Address 47 Kennedy Road											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Stacey Papavasiliou			Director Name											
Street Address 47 Kennedy Road			Street Address											
City Foster	State RI	Zip 02825	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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">\$1,000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$1,000			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	\$1,000												
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 Stacey Papavasiliou, President			Date 7-11-25											
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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