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	2. Exact name of the Corporation			
122634	Discount Disposal & Demo, Inc.			
3. Principal Office Address		City	State	Zip
47 Kennedy Road		Foster	RI	02825
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562111	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Stacey Papavasiliou, President	7-31-25

Signature of Authorized Representative

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

FILED
APR 14 2025
BY 1560

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FORM 630 - Revised: 11/2021