



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.

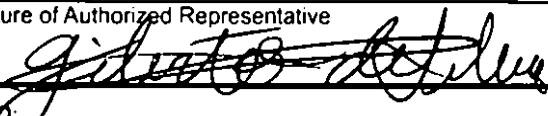
REC'D RIDGESS BSD
25 MAY 16 AM 10:07:31

FILED

MAY 16 2025

BY

2419

1. Entity ID Number 000146068		2. Exact name of the Corporation G & M Construction, Inc.			
3. Principal Office Address 3 HOLLOW RIDGE ROAD			City RUMFORD	State RI	Zip 02916
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN SWIMMING POOL CONSTRUCTION AND TO OWN AND OPERATE A GENERAL CONSTRUCTION.			
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 GILBERTO DASILVA			Vice-President Name MARY D. DASILVA		
Street Address 3 HOLLOW RIDGE ROAD			Street Address 3 HOLLOW RIDGE ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name GILBERTO DASILVA			Treasurer Name MARY D. DASILVA		
Street Address 3 HOLLOW RIDGE ROAD			Street Address 3 HOLLOW RIDGE ROAD		
City RUMFORD	State RI	Zip 02916	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			COMMON		
			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 GILBERTO DASILVA, PRESIDENT				Date 04/16/2025	
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

FORM 630 - Revised: 2/2023