



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year
Corporation2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

MAY 19 2025
BY [Signature]
[Stamp]

1. Entity ID Number 001663048		2. Exact name of the Corporation Driscoll Construction, Inc.	
3. Principal Office Address 1829 Pawtucket Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island General Contracting		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name Peter Driscoll		Vice-President Name Peter Driscoll	
Street Address 1829 Pawtucket Avenue		Street Address 1829 Pawtucket Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Peter Driscoll		Treasurer Name Peter Driscoll	
Street Address 1829 Pawtucket Avenue		Street Address 1829 Pawtucket Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment			
Director Name Peter Driscoll		Director Name	
Street Address 1829 Pawtucket Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1000	0
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 Michael A. Devane, Esq.			Date 5/13/25
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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