

FILED



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.

AUG 08 2025
BY *[Signature]*
775 105 - 8 A 240

1. Entity ID Number 000097080		2. Exact name of the Corporation S.D.I. INTERIOR CONTRACTORS, INC.	
3. Principal Office Address 879 Waterman Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island Finishing and installing carpentry		
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 David S. Edington		Vice-President Name David S. Edington	
Street Address 879 Waterman Avenue		Street Address 879 Waterman Avenue	
City East Providence	State RI	Zip 02914	City East Providence
			State RI
			Zip 02914
Secretary Name David S. Edington		Treasurer Name David S. Edington	
Street Address 879 Waterman Avenue		Street Address 879 Waterman Avenue	
City East Providence	State RI	Zip 02914	City East Providence
			State RI
			Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name None		Director Name None	
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	
		100	Common
			\$1.00
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 David S. Edington, President			Date 7/14/2025
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov