



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007 Amended

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135071		2. Name of Corporation Duquette Enterprises Inc.			
3. Street Address Principal Business Office PO Box 342			City Saunderstown	State RI	Zip 02874
4. Business Phone No. 401-284-3337		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Buy, Sell and Manage Real Estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan M. Chandler			Vice President Name none		
Street Address 44 Beach Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Susan M. Chandler			Treasurer Name Susan M. Chandler		
Street Address 44 Beach Avenue			Street Address 44 Beach Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan M. Chandler			Director Name none		
Street Address 44 Beach Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	No Par Value		none	none	none

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.

FILED

SEP 13 2007 1:23

By: *KMC*

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Susan Chandler 9-10-07
Signature Date

Susan M. Chandler

Print or Type Name

President

Title