



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 2008

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. 9446		2. Name of Corporation DOIRE ENTERPRISES, INC.			
3. Street Address Principal Business Office 470 Colvin Street			City South Attleboro	State MA	Zip 02703
4. Business Phone No. 508-761-7588		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Hardware and building materials					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James H. Maziarz			Vice President Name James H. Maziarz		
Street Address 33 Monticello Road #11			Street Address 33 Monticello Road #11		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name James H. Maziarz			Treasurer Name James H. Maziarz		
Street Address 33 Monticello Road #11			Street Address 33 Monticello Road #11		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James H. Maziarz			Director Name		
Street Address 33 Monticello Road #11			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 NO PAR VALUE			6000	common	no par
			THIS SECTION MUST BE COMPLETED		

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	
File Date	FEB 06 2008
Check No.	By DS-11599
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.

Signature James H. Maziarz Date 1-22-08
James H. Maziarz
Print or Type Name
President
Title