

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 2009

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. subject to a penalty fee of \$25.		oration failing or refusing to file its ann	ual report within thirty (30) day	is after the time prescribed by l	aw (R.I.G.L. 7-1.2-1501(c&d)) i	
1. Gorporate ID No. 000154356	2. Name of Con DUARTE'S	2. Name of Corporation DUARTE'S DELIVERY SERVICE, INC.				
3. Street Address Principal Business Office 995 PARK AVENUE			CRANSTON	State RI	<sup>Zip</sup> 02910	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Cha DELIVERY SERVICE	tracter of Business Condi	ucted in Rbode Island				
7. NAMES AND ADDRE	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) 📋 FILL IN S	PACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
JOSE C. DUARTE			ROSA M. DUARTE			
Street Address 185 DARLINGDALE AVENUE			Street Address 185 DARLINGDALE AVENUE			
City PAWTUCKET	State Ri	<sup>Ζφ</sup> 02861	PAWTUCKET	State RI	7tp 02861	
Secretary Name JOSE C. DUARTE			Treasurer Name ROSA M. DUARTE			
Street Address 185 DARLINGDALE AVENUE			Street Address 185 DARLINGDALE AVENUE			
PAWTUCKET	State RI	<sup>Zip</sup> 02861	City PAWTUCKET	State RI	<sup>Zip</sup> 02861	
8. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT)   FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name JOSE C. DUARTE			ROSA M. DUARTE			
Street Address			Street Address			
185 DARLINGDALE AVENUE			185 DARLINGDALE AVENUE			
City	State	Zip	Сиу	State	Zip	
PAWTUCKET	RI	02861	PAWTUCKET	RI	02861	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
mpi i i p		L. Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require instruction sheet.	•	he Office of the Secretary of See Section 9 of	500 \$0.01 PAR VAL	UE		
mataction shoot.			NONE			
		he corporation by an authorize ne corporation by the receiver		orporation is in the hand	ds of a receiver or trustee,	
			Under penalty of re	eriury I declare and affirm	that I have examined this rep	

FILED	7
File Date  JAN 1 4 2009  Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

	**************************************
Under penalty of perjury, I declare and at including any accompanying schedules a	•
contained herein are true and correct.	,
In a solo	1/8/2009
Signature	<sup>/</sup> Date
JUSE C DUANTE	
Print or Type Name	
PRESIDENT	
Title	Form 630 Rev. 08/08