



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 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. 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. 8277		2. Name of Corporation DOUGLAS LUMBER CORP.			
3. Street Address Principal Business Office ROUTE 7, TWIN RIVER ROAD			City SMITHFIELD	State RHODE ISLAND	Zip 02917
4. Business Phone No. (401) 231-6800		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island General lumber business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN R. CARLINO			Vice President Name GEORGE PESCE		
Street Address ROUTE 7, TWIN RIVER ROAD			Street Address ROUTE 7, TWIN RIVER ROAD		
City SMITHFIELD	State RHODE ISLAND	Zip 02917	City SMITHFIELD	State RHODE ISLAND	Zip 02917
Secretary Name STEVEN R. CARLINO			Treasurer Name J. ROBERT PESCE		
Street Address ROUTE 7, TWIN RIVER ROAD			Street Address ROUTE 7, TWIN RIVER ROAD		
City SMITHFIELD	State RHODE ISLAND	Zip 02817	City SMITHFIELD	State RHODE ISLAND	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEVEN R. CARLINO			Director Name J. ROBERT PESCE		
Street Address ROUTE 7, TWIN RIVER ROAD			Street Address ROUTE 7, TWIN RIVER ROAD		
City SMITHFIELD	State RHODE ISLAND	Zip 02817	City SMITHFIELD	State RHODE ISLAND	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE

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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 03 2009**

Check No. \_\_\_\_\_

By: 079774

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.

Steven Carlino 1/26/08  
Signature Date

STEVEN R. CARLINO  
Print or Type Name

PRESIDENT  
Title