



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. 147410		2. Name of Corporation F DOLLE OF DESOTO ST. INC.		
3. Street Address Principal Business Office 2 AMHENST STREET		City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-277-1002		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MATTHEW D. OLENIO		Vice President Name NONE		
Street Address 30 LEATHER LEAF TRAIL		Street Address N/A		
City N. KINGSTON	State RI	Zip 02852	City N/A	State N/A
Secretary Name RICHARD C. FOX		Treasurer Name ELLIOT GOLDSTEIN		
Street Address 131 COURT STREET #11		Street Address 13 CANEFREE LANE		
City EXETER	State NH	Zip 03833	City SUFFERN	State NY
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name PETER LAZOURAS		Director Name THOMAS PELLETIER		
Street Address 168 LINCOLN AVENUE		Street Address 204 BAY AVE		
City BARRINGTON	State RI	Zip 02806	City PATCHOGUE	State NY
Director Name Brendan F. WHELAN		Director Name GERALD RUDICK		
Street Address 52 MISBET STREET		Street Address 6113 DEERVUE DR.		
City PROVIDENCE	State RI	Zip 02906	City AUBURN	State NY
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares NONE	Class/Series NONE	Par Value 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.

File Date **FILED**
Check No. **MAY 14 2009**
By: **By 089473 1:17**
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 **Elliot Goldstein** Date
Print or Type Name **ELLIOT GOLDSTEIN**
Title **LFO**