



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 65357
2. Name of Corporation Dwares Corporation
3. Street Address Principal Business Office 700 SCHOOL STREET
City PAWTUCKET State RI Zip 02862
4. Business Phone No. 4017251730
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
OWING, BUILDING UPON, DEVELOPING, ALTERING, REPAIRING, SELLING, RENTING OR LEASING.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Donald H. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480	Vice President Name Bonnie S. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480
Secretary Name Donald H. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480	Treasurer Name Donald H. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Donald H. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480	Director Name Bonnie H. Dwares Street Address 510 Island Drive City Palm Beach State FL Zip 33480
Director Name Street Address City State Zip	Director Name Street Address City State Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
1000	common	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

65357 DBC 0215/07 08:48:23 AM

File Date OCT 07 2011

Check No. 2V 1007
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 _____ Date April 8, 2011

Donald H. Dwares

Print or Type Name

President

Title