



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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65498		2. Name of Corporation DOUBLE ENDER CELEBRATIONS, INC.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address P.O. Box 808		City New Shoreham	Zip 02807
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To offer activities and entertainment for youth and adults visiting the Town of New Shoreham, RI					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Constance L. LaRue			Treasurer Name Mary Ellen Murphy		
Street Address High Street, P.O. Box 704			Street Address Corn Neck Road, P.O. Box 899		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Mary Ellen Murphy			Director Name Constance L. LaRue		
Street Address Corn Neck Road, P.O. Box 899			Street Address High Street, P.O. Box 704		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Director Name Carrie Todd			Director Name		
Street Address High Street, P.O. Box 577			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

65498

FILED

File Date JUN 13 2012  
Check No. By MLC  
By: 580  
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.

Constance L. LaRue 6/5/12  
Signature of Officer Date

Constance L. LaRue  
Print or Type Name of Officer

Secretary  
Title of Officer