



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 9446		2. Exact name of the Corporation DOIRE ENTERPRISES, INC.		
3. Principal office address 470 Colvin Street		City South Attleboro	State MA	Zip 02703
4. Business Phone No. 508-761-7588		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island hardware and building materials				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name James H. Maziarz		Vice-President Name James H. Maziarz		
Street Address 33 Monticello Road #11		Street Address 33 Monticello Road #11		
City Pawtucket	State RI	Zip 02861	City Pawtucket	Zip 02861
Secretary Name James H. Maziarz		Treasurer Name James H. Maziarz		
Street Address 33 Monticello Road #11		Street Address 33 Monticello Road #11		
City Pawtucket	State RI	Zip 02861	City Pawtucket	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name James H. Maziarz		Director Name None		
Street Address 33 Monticello Road #11		Street Address		
City Pawtucket	State RI	Zip 02861	City	Zip
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	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.				
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
6000	common	no par		

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 _____
 Check No _____
 By: _____

FILED

FEB 12 2013

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.

James H. Maziarz 1/8/13
 Signature of Authorized Representative Date

James H. Maziarz, President
 Print or Type Name of Authorized Representative

By 13389