



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. 000788751		2. Exact name of the Corporation Dore' Ornament Designs Inc.	
3. Principal office address 171 Whipple Road		City Smithfield	State RI
4. Business Phone No. 401-231-3524		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Shop out whole sale ornaments			
President Name Susan Sleboda		Vice-President Name Daniel Sleboda Sr.	
Street Address 171 Whipple RD		Street Address 171 Whipple Road	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Krystal-Kalene Sleboda		Treasurer Name Susan Sleboda	
Street Address 171 Whipple Road		Street Address 171 Whipple RD	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
7. DIRECTORS, OFFICERS, AND AUTHORIZED REPRESENTATIVES (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. SHARES AUTHORIZED <input type="checkbox"/> 9. SHARES ISSUED (X) (SEE INSTRUCTIONS FOR ATTACHMENT) <input checked="" 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 1000.00		CLASS/SERIES STK	PAR VALUE \$0.0100

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.



Form No. 630
Revised: 01/2012

Originally
filed
2/24/13
PDF WAS NOT
CREATED DUE TO
SYSTEM ERROR

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 of Authorized Representative: Susan Sleboda
Date: 12-5-13
Print or Type Name of Authorized Representative: Susan Sleboda