



**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

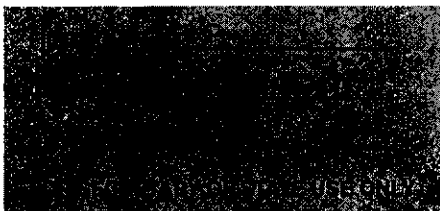
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

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. <b>152268</b>		2. Exact name of the Corporation <b>DESMARK INDUSTRIES, INC.</b>			
3. Principal office address <b>530 Wellington Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
4. Business Phone No. <b>401-223-0252</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Create custom Christmas ornaments and stitched products.</b>					
President Name <b>John Caito III</b>			Vice-President Name		
Street Address <b>530 Wellington Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>DIRECTORS AND ADDRESSES (SEE LIST OF DIRECTORS)</b>					
Director Name <b>John Caito III</b>			Director Name		
Street Address <b>530 Wellington Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>			<b>NO. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>		
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
			200	Common	\$1 par value

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**  
 MAR 27 2014  
 10718

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

Date

**John Caito III**

Print or Type Name of Authorized Representative

1-29-14