



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 **2016**

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.<br><b>9446</b>  |                    | 2. Exact name of the Corporation<br><b>DOIRE ENTERPRISES, INC.</b> |  |                     |                     |
| 3. Principal office address<br><b>470 Colvin Street</b>  |                    | City<br><b>South Attleboro</b>                                     | State<br><b>MA</b>   | Zip<br><b>02703</b> |                     |
| 4. Business Phone No.<br><b>508-761-7538</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                   |  |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>hardware and building materials</b>                                      |                    |  |  |                     |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |  |  |                     |                     |
| President Name<br><b>James H. Maziarz</b>  |                    |  | Vice-President Name<br><b>James H. Maziarz</b>                             |                     |                     |
| Street Address<br><b>33 Monticello Road/#11</b>  |                    |  | Street Address<br><b>33 Monticello Road/#11</b>                            |                     |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>  | City<br><b>Pawtucket</b>   | State<br><b>RI</b>  | Zip<br><b>02861</b> |
| Secretary Name<br><b>James H. Maziarz</b>  |                    |  | Treasurer Name<br><b>James H. Maziarz</b>                                  |                     |                     |
| Street Address<br><b>33 Monticello Road/#11</b>  |                    |  | Street Address<br><b>33 Monticello Road/#11</b>                            |                     |                     |
| City<br><b>Pawtucket,</b>  | State<br><b>RI</b> | Zip<br><b>02861</b>  | City<br><b>Pawtucket</b>   | State<br><b>RI</b>  | Zip<br><b>02861</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |  |  |                     |                     |
| Director Name<br><b>James H. Maziarz</b>   |                    |  | Director Name<br><b>None</b>   |                     |                     |
| Street Address<br><b>33 Monticello Road/#11</b>  |                    |  | Street Address   |                     |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>  | City   | State               | Zip                 |
| Director Name<br><b>None</b>   |                    |  | Director Name<br><b>None</b>   |                     |                     |
| Street Address   |                    |  | Street Address   |                     |                     |
| City   | State              | Zip  | City   | State               | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**

FEB 26 2016

BY **14343**

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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*  
Signature of Authorized Representative

**1/12/2016**  
Date

**James H. Maziarz, President**

Print or Type Name of Authorized Representative