



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|-----------------|---|---|--------------------|---------------------|
| 1. Entity ID Number 8277 | | 2. Exact name of the Corporation Douglas Lumber Corp. | | | |
| 3. Principal Office Address 125 Douglas Avenue | | | City Smithfield | State RI | Zip 02917 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island General lumber business | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Steven R. Carlino | | | Vice-President Name George Pesce | | |
| Street Address 125 Douglas Avenue | | | Street Address 125 Douglas Avenue | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 |
| Secretary Name Steven R. Carlino | | | Treasurer Name Steven R. Carlino | | |
| Street Address 125 Douglas Avenue | | | Street Address 125 Douglas Avenue | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Steven R. Carlino | | | Director Name George Pesce | | |
| Street Address 125 Douglas Avenue | | | Street Address 125 Douglas Avenue | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | | | |
| This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES | | PAR VALUE |
| | | | 200 | Common | No par value |
| 11. 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Steven R. Carlino, President | | | | | Date |
| Signature of Authorized Representative <i>Steven R. Carlino</i> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 23 2017
BY 917234