



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2017 DEC 15 PM 1:37

- 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 000 111698		2. Exact name of the Corporation DOING GOOD, INC			
3. Principal Office Address 115 Day Lily Circle			City Wakefield	State RI	Zip 02879
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General Handyman / Light Construction Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAMELA MARCINIAK			Vice-President Name CRAIG MARCINIAK		
Street Address 115 DAY LILY CIRCLE			Street Address 115 DAY LILY CIRCLE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100%			0
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 CRAIG MARCINIAK				Date 12/15/17	
Signature of Authorized Representative 				FILED	

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