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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
153803	Doherty Enterprises, Inc.

3. Principal Office Address	City	State	Zip
188 Benefit Street #2	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 44840	CUSTOM CLOTHIER
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Briggs A. Doherty, Jr.			Vice-President Name: Whitney A. Doherty		
Street Address: 50 E. Bellevue Place, Apt. 805			Street Address: 50 E. Bellevue Place, Apt. 805		
City: Chicago	State: IL	Zip: 60611	City: Chicago	State: IL	Zip: 60611
Secretary Name: Whitney A. Doherty			Treasurer Name: Briggs A. Doherty, Jr.		
Street Address: 50 E. Bellevue Place, Apt. 805			Street Address: 50 E. Bellevue Place, Apt. 805		
City: Chicago	State: IL	Zip: 60611	City: Chicago	State: IL	Zip: 60611

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Briggs A. Doherty, Jr.			Director Name: Paula D. Doherty		
Street Address: 50 E. Bellevue Place, Apt. 805			Street Address: 50 E. Bellevue Place, Apt. 805		
City: Chicago	State: IL	Zip: 60611	City: Chicago	State: IL	Zip: 60611
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NONE

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	Date
Briggs A. Doherty, Jr.	

Signature of Authorized Representative

FILED
FEB 13 2018
BY 259195

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

FORM 630 - Revised: 10/2017