RI SOS Filing Number: 201858283610 Date: 2/13/2018 4:00:00 PM

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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

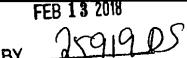
→ Penalty: Additional \$25.00) fee if form is no	ot filed by April 1.			_			
Entity ID Number		2. Exact name of the Corporation						
153803	Doherty	Doherty Enterprises, Inc.						
3. Principal Office Address			City			tate Zip		
188 Benefit Street #2			Providence	•	RI	02903		
4. NAICS Code	6. Brief descr	iption of the charac	ter of business of	conducted in Rhode I	sland	<u> </u>		
44-45 YUNYD	CUSTOM C	CUSTOM CLOTHIER						
5. State of Incorporation								
Rhode Island	ļ							
7 List ALL officers (names and a	iddresses)	dresses) 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	^{Zıp} 60611	City Chicago)	State IL	^{Zıp} 60611		
Secretary Name Whitney A. Doherty			Treasurer Nam	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	^{Z_{IP}} 60611	City Chicago	0	State IL	^{Zıp} 60611		
8. List ALL directors (names and	addresses)	<u>.</u>		Check	the box to in	dicate 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	Cily		State	Zip		
9 Shares Authorized		10. Shares Iss	<u> </u>	Check	the box to in	dicate an attachment		
This information is currently of re-	cord in the	NUMBER C	r SHARES	CLASS/SERIF		PAR VALUE		
Department of State.		100	100			NONE		
Changes require an additional filir	ng.							
11. This report must be executed	on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in t	he hands of a receiver or		
trustee, this report must be exec Under penalty of perjury, I dec	lare and affirm t	hat I have examin	ed this report, i	rustee. including any accor	npanying so	hedules and		
statements, and that all staten Name of Authorized Representa		herein are true ar	nd correct.	<u>. </u>	Date			
Briggs A. Doherty, Jr.					Date			
Signature of Authorized Represe	entative	ar n go	C.NENFRORT	FILED	<u> </u>			
			_					

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