RI SOS Filing Number: 201859279180 Date: 2/26/2018 4:00:00 PM

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
9446	DOIRE ENTERPRISES, INC.

3. Principal Office Address	City	State	Zip
470 Colvin Street	South Attleboro	MA	02703

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
4441 | 0	HARDWARE AND BUILDING MATERIALS
5. State of Incorporation: Rhode Island	

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

President Name: James H. Maziarz			Vice-President Name: James H. Maziarz		
Street Address: 33 Monticello Road, #11			Street Address: 33 Monticello Road, #11		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: James H. Maziarz			Treasurer Name: James H. Maziarz		
Street Address: 33 Monticello Road, #11			Street Address: 33 Monticello Road, #11		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

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

Director Name: James H. Maziarz			Director Name		
Street Address: 33 Monticello Road, #11			Street Address		
City: Pawtucket	State: RI	Zip: 02861	City	State	Zip
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
6000	COMMON	NO PAR

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
JAMES H. MAZIARZ	2/1/2018

Signature of Authorized Representative: James H. Maziarz

FILED
FEB 26 2018
BY 14809

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