



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

Annual Report for the year: 2019
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 000006341		2. Exact name of the Corporation DAZZLIN ENTERPRISES INC.			
3. Principal Office Address 191 Ten Rod Road, P.O. Box 74			City Exeter	State RI	Zip 02822
4. NAICS Code 453310		6. Brief description of the character of business conducted in Rhode Island Antiques and collectibles.			
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 Scott A. Gordon			Vice-President Name RUTH GORDON		
Street Address 191 Ten Rod Rd., P.O. Box 74			Street Address 191 Ten Rod Rd P.O. Box 74		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name RUTH GORDON			Treasurer Name SCOTT A. GORDON		
Street Address SAME			Street Address SAME		
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
			—	—	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 RUTH GORDON				Date 2/5/2019	
Signature of Authorized Representative <i>Ruth Gordon</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
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