



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.

FILED
MAR 04 2019
 BY 15051 DS

1. Entity ID Number 9446		2. Exact name of the Corporation DOIRE ENTERPRISES, INC.			
3. Principal Office Address 470 Colvin Street			City South Attleboro	State MA	Zip 02703
4. NAICS Code 444110		6. Brief description of the character of business conducted in Rhode Island HARDWARE AND BUILDING MATERIALS			
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 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 <input type="checkbox"/>					
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		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
		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 JAMES H. MAZIARZ				Date 2/15/2019	
Signature of Authorized Representative 					

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