



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

FILED

Annual Report for the year: 2019
Corporation

AUG 29 2019
 BY 1011705

- 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 000506830		2. Exact name of the Corporation DUARTE CORPORATION			
3. Principal Office Address 460 BULLOCKS POINT AVENUE			City RIVERSIDE		State RI
			Zip 02915		
4. NAICS Code 324121		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID DUARTE			Vice-President Name		
Street Address 460 BULLOCKS POINT AVE			Street Address		
City RIVERSIDE		State RI	Zip 02915		
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID DUARTE			Director Name		
Street Address 460 BULLOCKS POINT AVE			Street Address		
City RIVERSIDE		State RI	Zip 2915		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES STK	PAR VALUE .01
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 DAVID DUARTE					Date 8/24/19
Signature of Authorized Representative 					PLACE SIGN DOCUMENT HERE