



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

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 SECRETARY OF STATE
 CORPORATIONS DIV - 175.1P

Annual Report for the year: 2020
 Corporation

2019 NOV 22 PM 12:39

- 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 73993		2. Exact name of the Corporation Douglas Enterprises, Ltd.			
3. Principal Office Address P.O. Box 385		City Wakefield		State RI	Zip 02880
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Dealing in Real Estate and construction of improvements			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas R. De Simone			Vice-President Name Stephen R. De Simone		
Street Address P.O. Box 385			Street Address P.O. Box 385		
City WAKEFIELD	State RI	Zip 02880	City WAKEFIELD	State RI	Zip 02880
Secretary Name Douglas R. De Simone			Treasurer Name Douglas R. De Simone		
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 NONE			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		C. ASS/SERIES	
		600		COMMON	
				PAR VA. UF 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 11/22/17
Signature of Authorized Representative					

SIGN DOCUMENT HERE

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

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 BY EJISLA.A.