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

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Annual Report for the year: 2019
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000065498	**Double Ender Celebrations, INC.**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: 4TH OF JULY CELEBRATIONS AND PARADE ON BLOCK ISLAND
4. NAICS Code: 811310	

6. Principal Office Address	City	State	Zip
PO BOX 808	BLOCK ISLAND	RI	02807

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

President Name: LARS TRODSON			Vice-President Name: MARY LAWLESS		
Street Address: PO BOX 808			Street Address: PO BOX 808		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807
Secretary Name: KRISTEN KILEY			Treasurer Name: ELIZABETH DOHERTY		
Street Address: PO BOX 808			Street Address: PO BOX 808		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: LARS TRODSON			Director Name: MARY LAWLESS		
Street Address: PO BOX 808			Street Address: PO BOX 808		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807
Director Name: KRISTEN KILEY			Director Name: ELIZABETH DOHERTY		
Street Address: PO BOX 808			Street Address: PO BOX 808		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receivor or Trustee.

Name of Officer/Authorized Representative	Date
ELIZABETH DOHERTY	01/23/2020

Signature of Officer/Authorized Representative

FILED
FEB X 5 2020
BY 65CH2

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