RI SOS Filing Number: 202035736110 Date: 3/2/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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Entity ID Number	2. Exact na	me of the Corporation	<u> </u>				
000152268	DESMARK INDUSTRIES, INC.						
3. Principal Office Address			City		ICA		
530 Wellington Avenue	30 Wellington Avenue		Providence	e	State RI	Zip 02910	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
339999	Creating custom Christmas ornaments and stitched products.						
5. State of Incorporation				•			
Rhode Island							
7. List ALL officers (names and a	addresses)			Chac	k the boy to	Indicate on attachment	
President Name John Caito III			Vice-President Name				
Street Address 530 Wellington Avenue			Street Address				
Cranston	State RI	Zip 02910	City Sta		State	Zip	
Secretary Name	_		Treasurer Name				
Street Address							
			Street Addres	ss			
City	State	Zip	City		State	Zıp	
8. List ALL directors (names and	addresses)			Chec	k the box to	indicate an attachment	
Director Name John Caito IIII			Director Nam	e		indicate an anachment	
Street Address 530 Wellington Avenue		Street Address					
Cranston	State RI	Zip 02910	City		State	Zip	
Director Name		Director Name					
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
O Charas Author						- P	
Shares AuthorizedThis information is currently of rec	ord in the	10. Shares Iss		or control of to march an attachment			
Department of State.	.ora III (IIIe	200	SHARES	CLASS/SERIE	<u> </u>	PAR VALUE	
Changes require an additional filin			 	Common		\$1 par value	
11. This roped must be						<u> </u>	
11. This report must be executed trustee, this report must be execu	on penalt of the Ited on behalf of	corporation by an a	authorized repre	sentative. If the corp	oration is in	the hands of a receiver or	
Onder penalty of perjury, I deci	lare and affirm	that i have examin	ed this report	including anv acco	mpanvina e	chedules and	
statements, and that all statem Name of Authorized Representat	ents contained	herein are true an	d correct.				
John Caito III, President					Date	5-20	
Signature of Authorized Represei	ntative				100		
Joe S		SIGN DO	CUMENT 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