



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.

**FILED**  
MAR 02 2020

*1423*

1. Entity ID Number <b>000152268</b>		2. Exact name of the Corporation <b>DESMARK INDUSTRIES, INC.</b>			
3. Principal Office Address <b>530 Wellington Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>339999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Creating custom Christmas ornaments and stitched products.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John Caito III</b>			Vice-President Name		
Street Address <b>530 Wellington Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Caito III</b>			Director Name		
Street Address <b>530 Wellington Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>\$1 par value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>John Caito III, President</b>				Date <b>2-5-20</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)