



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

BY 9166  
JOE

1. Entity ID Number 60195		2. Exact name of the Corporation De Osu Inc.			
3. Principal Office Address 830 Ten Rod Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 42 <u>4340</u>		6. Brief description of the character of business conducted in Rhode Island WHOLESALE FOOTWEAR IMPORTER			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Janice K. McAleer			Vice-President Name N/A		
Street Address 830 Ten Rod Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 N/A			Director Name N/A		
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 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	CLASS/SERIES	PAR VALUE
			100	NO PAR COMMON	0.00
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. <i>Under penalty of perjury, I declare and affirm that I have prepared this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Janice K. McAleer				Date February 26, 2020	
Signature of Authorized Representative <u>Janice K. McAleer</u>					