



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB 04 2021

BY 92783
DS

1. Entity ID Number 8277		2. Exact name of the Corporation Douglas Lumber Corp.			
3. Principal Office Address 125 Douglas Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island GENERAL LUMBER BUSINESS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven R. Carlino			Vice-President Name Gene M. Carlino		
Street Address 125 Douglas Pike			Street Address 125 Douglas Pike		
City Smithfield	State RI	Zip 02817	City Smithfield	State RI	Zip 02917
Secretary Name Steven R. Carlino			Treasurer Name Steven R. Carlino		
Street Address 125 Douglas Pike			Street Address 125 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven R. Carlino			Director Name George Pesce		
Street Address 125 Douglas Pike			Street Address 125 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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		
			CLASS/SERIES		
			200	COMMON	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 STEVEN R. CARLINO				Date 1/15/2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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