



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

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.

FILED
 FEB 10 2021
 BY 934 DS

1. Entity ID Number 135200		2. Exact name of the Corporation DESANA PARTNERS, INC.			
3. Principal Office Address 68 FOX RUN		City CRANSTON		State RI	Zip 02921
4. NAICS Code 81 <i>2990</i>		6. Brief description of the character of business conducted in Rhode Island PROVIDE MANAGEMENT SERVICES TO ORGANIZATIONS THAT PROVIDE PERSONAL AND PROFESSIONAL BENEFITS AND SERVICES TO TAXICAB DRIVERS			
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 COLLINS			Vice-President Name		
Street Address 68 FOX RUN			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name STEVEN COLLINS			Treasurer Name STEVEN COLLINS		
Street Address 68 FOX RUN			Street Address 68 FOX RUN		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN COLLINS			Director Name		
Street Address 68 FOX RUN			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
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/SES	PAR VALUE
			80	COMMON	NO PAR VALUE
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 examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative STEVEN COLLINS, PRESIDENT				Date 2/8/2021	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov