RI SOS Filing Number: 202195693630 Date: 4/13/2021 4:00:00 PM

State of Dhada teland					-		
State of Rhode Island Department of S	Division	vision FILED					
Annual Report for the y		APR 1 3 2021					
Corporation ————————————————————————————————————							
→ Filing period: January 1 - March 1				BY_	il	(0)	
→ Filing Fee: \$50.00		D1_		0			
→ Penalty: Additional \$25.00		·			<u> </u>	(-)	
Entity ID Number		2. Exact name of the Corporation					
1667601	Dorch Desig	Dorch Design, Inc.					
3. Principal Office Address			City		State	Zip	
1654 Main Street			Warwick		RI	02893	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
339999	Design and	Design and fabrication					
5. State of Incorporation							
Rhode Island	1						
7. List ALL officers (names and addresses) Check the box to indicate an attach						ndicate an attachment 🔲	
President Name Jason Dorchester			Vice-President Name				
Street Address 1654 Main Street			Street Address	Street Address			
City Warwick	State RI	Zip 02893	City	 	State	Zip	
Secretary Name Jason Dorchester			Treasurer Nan	Treasurer Name Jason Dorchester			
Street Address 1654 Main Street			Street Address	Street Address 1654 Main Street			
Cily Warwick	State RI	Zip 02893	City Warwic	City Warwick		^{Zip} 02893	
8. List ALL directors (names and	addresses)		To:		the box to i	ndicate an attachment 🔲	
Director Name			Director Name	Orector Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	City		Zip	
Director Name				Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued Check the box to indicate an atta MUMBER OF SHARES CLASSSERIES PAR VA			ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.		100	JAMES	Common		\$.01	
Changes require an additional filling.		100		Common		9,01	
		1					
 This report must be executed trustee, this report must be executed 	ited on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I decl statements, and that all statem				ncluding any accon	panying s	chedules and	
Name of Authorized Representative Date							
Jason Dorchester, President Signature of Authorized Representative							
Signature of Admonzed Representation	Tall Ve						
V							

MAIL TO:

MAIL TO: / Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov