



State of Rhode Island
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 STAMP

APR 21 2021

FOR SECRETARY OF STATE
 U.S. ONLY

BY WJ OS

1. Entity ID Number 001663809		2. Exact name of the Corporation Duquette Realty Holdings, Inc.			
3. Principal Office Address 234 Pocasset Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To buy, sell, lease real estate			
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 William Duquette			Vice-President Name William Duquette		
Street Address 91 Barney Street			Street Address 91 Barney Street		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name same			Treasurer Name same		
Street Address same			Street Address same		
City sam	State same	Zip same	City same	State same	Zip same
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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.					
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 William Duquette				Date 3-1-2021	
Signature of Authorized Representative 					

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