



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2021**  
**Corporation**

**MAY 21 2021 STAMP**

BY 19236

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |             |   |   |              |              |
|--|-------------|---|---|--------------|--------------|
| 1. Entity ID Number<br><b>000059167</b>  |             | 2. Exact name of the Corporation<br><b>Don's Diesel Equipment Service, Inc.</b>   |   |              |              |
| 3. Principal Office Address<br>30 DEVILS FOOT ROAD   |             | City<br>NORTH KINGSTOWN   |   | State<br>RI  | Zip<br>02852 |
| 4. NAICS Code<br>423120  |             | 6. Brief description of the character of business conducted in Rhode Island<br>HEAVY TRUCK AND EQUIPMENT AND REPAIR AND SALES |   |              |              |
| 5. State of Incorporation<br>RI  |             |   |   |              |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |              |              |
| President Name<br>DONALD BANRISTER   |             |   | Vice-President Name<br>DONALD BANRISTER |              |              |
| Street Address<br>30 DEVILS FOOT ROAD  |             |   | Street Address<br>30 DEVILS FOOT ROAD   |              |              |
| City<br>NORTH KINGSTOWN  | State<br>RI | Zip<br>02852  | City<br>NORTH KINGSTOWN                 | State<br>RI  | Zip<br>02852 |
| Secretary Name<br>DONALD BANRISTER   |             |   | Treasurer Name<br>DONALD BANRISTER      |              |              |
| Street Address<br>30 DEVILS FOOT ROAD  |             |   | Street Address<br>30 DEVILS FOOT ROAD   |              |              |
| City<br>NORTH KINGSTOWN  | State<br>RI | Zip<br>02852  | City<br>NORTH KINGSTOWN                 | State<br>RI  | Zip<br>02852 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |              |              |
| 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   |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>         |   |              |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES  |   | CLASS/SERIES | PAR VALUE    |
|  |             | 500   |   | COM          | NO           |
| 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.<br><b>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.</b> |             |   |   |              |              |
| Name of Authorized Representative<br>DONALD BANRISTER  |             |   |   |              | Date         |
| Signature of Authorized Representative<br>   |             |   |   |              |              |