



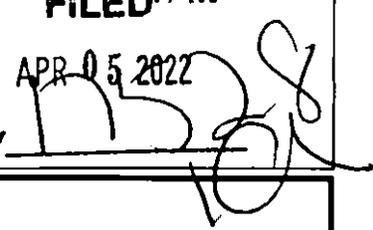
State of Rhode Island  
**Department of State - Business Services Division**

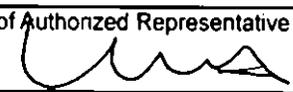
**Annual Report for the year:** 2022  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED** ...

APR 05 2022

BY 

1. Entity ID Number 000093950		2. Exact name of the Corporation DUKE STREET INVESTMENTS, INC.			
3. Principal Office Address 66 DUKE STREET			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT			
5. State of Incorporation 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 KRISTIN COLETTI			Vice-President Name KRISTIN COLETTI		
Street Address 66 DUKE STREET			Street Address 66 DUKE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name KRISTIN COLETTI			Treasurer Name KRISTIN COLETTI		
Street Address 66 DUKE STREET			Street Address 66 DUKE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name KRISTIN COLETTI			Director Name		
Street Address 66 DUKE STREET			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	COMMON	0.00
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. <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 KRISTIN COLETTI				Date 2/2/22	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov