



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

Annual Report for the year: 2022  
 Corporation

MAY 05 2022  
 1643

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

1. Entity ID Number <b>001686772</b>	2. Exact name of the Corporation <b>Desmarais Corp.</b>
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3. Principal Office Address <b>131 Irving Ave.</b>	City <b>Providence</b>	State <b>ri</b>	Zip <b>02906</b>
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4. NAICS Code <b>238330</b>	6. Brief description of the character of business conducted in Rhode Island <b>FLOORING CONTRACTOR</b>
5. State of Incorporation <b>Rhode Island</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Desmarais</b>			Vice-President Name <b>None</b>		
Street Address <b>131 Irving Ave.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>2000</b>	<b>CNP</b>	<b>0</b>

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 <b>Charles Desmarais</b>	Date <b>4/18/22</b>
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