



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JAN 25 2023
 BY *[Signature]*
[Signature]

- 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 000009816		2. Exact name of the Corporation Dorazio Bros. Inc.			
3. Principal Office Address 1559 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental			
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 Steven R. Dorazio			Vice-President Name Carolyn A. Dorazio		
Street Address 19E Lark Industrial Parkway			Street Address 1559 Mineral Spring Avenue		
City Smithfield	State RI	Zip 02828	City North Providence	State RI	Zip 02904
Secretary Name Steven R. Dorazio			Treasurer Name Carolyn A. Dorazio		
Street Address 19E Lark Industrial Parkway			Street Address 1559 Mineral Spring Avenue		
City Smithfield	State RI	Zip 02828	City North Providence	State RI	Zip 02904
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	\$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.					
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 Carolyn A. Dorazio, Treasurer				Date January 19, 2023	
Signature of Authorized Representative <i>Carolyn A. Dorazio, Treasurer</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov