



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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

FEB 09 2023

21022

1. Entity ID Number 117487		2. Exact name of the Corporation Distinctive Window Designs, Inc.			
3. Principal Office Address 80 Randall Street			City Cranston	State RI	Zip 02920
4. NAICS Code 442291		6. Brief description of the character of business conducted in Rhode Island Selling custom window treatments retail			
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 Donald Frank Altieri			Vice-President Name SHARON L ALTIERI		
Street Address 80 Randall Street			Street Address 80 RANDALL ST		
City Cranston	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name STEPHANIE ALTIERI LOMBARDO			Treasurer Name DONALD F. ALTIERI		
Street Address 15 PALIOTTA PARKWAY			Street Address 80 RANDALL ST		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		CLASS/SERIES	PAR VALUE
		4,000		CNP	
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 					Date 2/7/23
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