RI SOS Filing Number: 202329788610 Date: 2/27/2023 4:00:00 PM

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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.

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FEB 27 2023
BY 431742
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1. Entity ID Number	2. Exact nam	e of the Corporation	<del></del>			- 1/3	
8277	Douglas	Douglas Lumber Corp.					
3. Principal Office Address 125 Douglas Pike			City Smithfield	d	State RI	Zip 02917	
4. NAICS Code	6, Brief descr	6. Brief description of the character of business conducted in Rhode Island					
444190	GENERA	GENERAL LUMBER SERVICES					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	id addresses)	<del></del>		Check	the box to it	ndicate an attachment 🔲	
President Name Steven R. Carlino			Vice-Presider	Vice-President Name Gene M. Carlino			
Street Address 125 Douglas Pike			Street Address 125 Douglas Pike				
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	<sup>City</sup> Smithfield		State RI	<sup>Zip</sup> 02917	
Secretary Name Steven R. Carlino				Treasurer Name Steven R. Carlino			
Street Address 125 Douglas Pike			Street Addres	Street Address 125 Douglas Pike			
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	<sup>City</sup> Smithfield		State RI	<sup>Zip</sup> 02917	
8. List ALL directors (names a	and addresses)			Chec	k the box to i	ndicate an attachment 🔲	
Director Name Steven R. Carlino			Uirector Nami	Director Name George Pesce			
Street Address 125 Douglas Pike			Street Address 125 Douglas Pike				
City Smithfield	State RI	<sup>Zip</sup> 02917	City Smith	field	State RI	<sup>Zip</sup> 02917	
Director Name			Director Name	8		-	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	•	10. Shares Iss				ndicate an attachment  PAR VALUE	
This information is currently of Department of State.	Trecord in the	ord in the NUMBER OF		SHARES CLASS/SERIES COMMON		NO PAR	
Changes require an additional filing.				COMMON		INU PAR	
	_						
11. This report must be execu					oration is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I	declare and affirm	that I have examin	ed this report,		mpanying s	chedules and	
statements, and that all sta Name of Authorized Represe	iu correct.	Date					
STEVEN R. CARLING	<u>.</u>	1/31/2023					
Signature of Authorized Repr	resentative	· 0					
L AU	en k	arles	<u> </u>		·	·	
MAIL TO:							

Phone: (401) 222-3040 Website: www.sos.ri.gov