

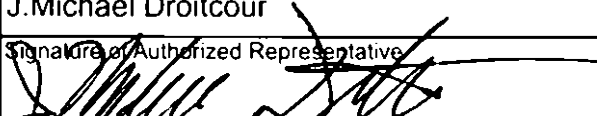


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 14 2023
 1115 *02*

- 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 000047810		2. Exact name of the Corporation Droitcour Properties, Inc.			
3. Principal Office Address 28 Graystone St			City Warwick	State RI	Zip 02886
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Buy, Sell, Maintain, Repair, Lease, and Rent Real and Personal Property			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. Michael Droitcour			Vice-President Name Andrew Droitcour		
Street Address 28 Graystone Street			Street Address 30 Braodview Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Secretary Name J. Michael Droitcour			Treasurer Name Andrew Droitcour		
Street Address 28 Graystone St			Street Address 30 Broadview Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
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
		300		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 J. Michael Droitcour				Date 3/8/23	
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.r.i.gov