



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
 MAR 16 2023
 BY gls DS

1. Entity ID Number 136639		2. Exact name of the Corporation Desmar Associates, Inc.			
3. Principal Office Address 45 Pequot Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Paving and construction and other lawful business			
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 Gary J. Perry			Vice-President Name Desiree Perry		
Street Address 45 Pequot Avenue			Street Address 45 Pequot Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Desiree Perry			Treasurer Name Gary J. Perry		
Street Address 45 Pequot Avenue			Street Address 45 Pequot Avenue		
City Warwick	State RI	Zip 02889	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 None			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		PAR VALUE
			CLASS/SERIES		
			none	common	no par
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 Gary J. Perry				Date 2/1/23	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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