



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.

1. Entity ID Number 1711673		2. Exact name of the Corporation DA Enterprises, Inc.			
3. Principal Office Address 11 Leonard Drive			City Harrisville	State RI	Zip 02830
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT AND CONSULTING OF CONSTRUCTION SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Debra Antonelli			Vice-President Name Anthony Antonelli		
Street Address 11 Leonard Drive			Street Address 11 Leonard Drive		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Debra Antonelli			Treasurer Name		
Street Address 11 Leonard Drive			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
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
			600		1.00
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 Debra Antonelli				Date 04/17/2023	
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

FILED
APR 17 2023
BY 3210 -
AA.