



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

MAY 04 2023

BY 104 DS

1. Entity ID Number 001721702		2. Exact name of the Corporation DURGA ARMS INCORPORATED	
3. Principal Office Address 530 WELLINGTON AVE. UNIT 43B, BOX 18		City CRANSTON	State RI
		Zip 02910	
4. NAICS Code 332994	6. Brief description of the character of business conducted in Rhode Island MANUFACTURING		
5. State of Incorporation Rhode Island	TITLE: 7-1.2-1701		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank E. Pereira Jr.		Vice-President Name Frank E. Pereira Jr.	
Street Address 530 WELLINGTON AVE. UNIT 43B, BOX		Street Address 530 WELLINGTON AVE. UNIT 43B, BOX	
City CRANSTON	State RI	Zip 02910	City CRANSTON
			State RI
			Zip 02910
Secretary Name Tonya Pereira		Treasurer Name Frank E. Pereira Jr.	
Street Address 530 WELLINGTON AVE. UNIT 43B, BOX		Street Address 530 WELLINGTON AVE. UNIT 43B, BOX	
City CRANSTON	State RI	Zip 02910	City CRANSTON
			State RI
			Zip 02910
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		None	CWP
			\$ 0.0100
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 Frank E. Pereira Jr.			Date 4/28/23
Signature of Authorized Representative 			