



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 15 2023**  
 BY 10584  
DS

1. Entity ID Number <b>001693538</b>		2. Exact name of the Corporation <b>DONE-RIGHT, INC.</b>			
3. Principal Office Address <b>915 ATWOOD AVE</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>INSTALLATION AND REPAIR OF HVAC SYSTEMS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DONALD DEPETRILLO</b>			Vice-President Name <b>DONALD DEPETRILLO</b>		
Street Address <b>915 ATWOOD AVE</b>			Street Address <b>915 ATWOOD AVE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>DONALD DEPETRILLO</b>			Treasurer Name <b>DONALD DEPETRILLO</b>		
Street Address <b>915 ATWOOD AVE</b>			Street Address <b>915 ATWOOD AVE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			<b>4000</b>	<b>COMMON</b>	<b>NO PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>DONALD DEPETRILLO</b>				Date <b>05/12/2023</b>	
Signature of Authorized Representative 					