



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2024

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

JAN 26 2024 T 4:00 PM

BY *[Signature]*

1. Entity ID Number 000135200		2. Exact name of the Corporation Desana Partners, Inc.			
3. Principal Office Address 10 Worthington Road, Suite K			City Cranston	State RI	Zip 02920
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Consulting & Education services to the Commercial Architectural Community			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steve Collins			Vice-President Name		
Street Address 10 Worthington Road, Suite K			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			80	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 Steve Collins				Date 01/23/2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630- Revised: 04/2023