



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 29 2024

BY *2456 OS*

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24 FEB 29 PM 12:29:19

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.

1. Entity ID Number 73993		2. Exact name of the Corporation Douglas Enterprises, Ltd.			
3. Principal Office Address P.O. Box 385			City Wakefield	State RI	Zip 02880
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation Rhode Island		Dealing in real estate and construction of improvements			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas R. DeSimone			Vice-President Name Stephen R. DeSimone		
Street Address P.O. Box 385			Street Address P.O. Box 385		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Secretary Name Doglase R. DeSimone			Treasurer Name Douglas R. DeSimone		
Street Address P.O. Box 385			Street Address P.O. Box 385		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
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	CLASS/SERIES	PAR VALUE
			600	Common	No par value
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 Douglas R. DeSimone				Date 2/28/24	
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