

FILED

MAR 04 2024

BY 13210



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.

1. Entity ID Number 001741885		2. Exact name of the Corporation DIAMOND OVERHEAD DOOR, INC.	
3. Principal Office Address 79 ELM ST		City BLACKSTONE	State MA
		Zip 01504	
4. NAICS Code 238290	6. Brief description of the character of business conducted in Rhode Island INSTALLATION AND REPAIRS - OVERHEAD DOORS AND ELECTRIC DOOR OPENERS		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GARY JOLICOEUR		Vice-President Name	
Street Address 77 ELM ST		Street Address	
City BLACKSTONE	State MA	Zip 01504	
Secretary Name MICHELE JOLICOEUR		Treasurer Name MICHELE JOLICOEUR	
Street Address 77 ELM ST		Street Address 77 ELM ST	
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE
			State MA
			Zip 01504
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name GARY A JOLICOEUR		Director Name MICHELE JOLICOEUR	
Street Address 77 ELM ST		Street Address 77 ELM ST	
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE
			State MA
			Zip 01504
Director Name JOHN HEBERT		Director Name JOSHUA JOLICOEUR	
Street Address 155 BERNICE AVENUE		Street Address 77 ELM ST	
City WOONSOCKET	State RI	Zip 02895	City BLACKSTONE
			State MA
			Zip 01504
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	
		100	CWP
			NO PAR
*1. 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 MICHELE JOLICOEUR			Date 1/29/24
Signature of Authorized Representative 			