



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.

REC'D RI SOS BSD
27 MAR 15 P 2:39:11

1. Entity ID Number 001762056		2. Exact name of the Corporation D S WHOLESALE GROUP, INC.			
3. Principal Office Address 1117 DOUGLAS AVENUE APARTMENT 498			City N. PROVIDENCE	State RI	Zip 02904
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Wholesale General merchandise			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOHAMMED ZAMEERUDDIN			Vice-President Name		
Street Address 1117 DOUGLAS AVENUE APARTMENT 498			Street Address		
City N. PROV	State RI	Zip 02904	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 <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0
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 Mohammed Zameeruddin				Date 03/13/2024	
Signature of Authorized Representative 					

FILED

MAR 13 2024
BY ML V311N