



State of Rhode Island
Department of State - Business Services Division

REC'D-RD05 BSD
27 MAR 15 P 2:39:11

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 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 |
| Secretary Name | | | Treasurer Name | |
| Street Address | | | Street Address | |
| City | State | Zip | City | State |

| | | | | |
|---|-------|-----|----------------|-------|
| 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 |
| Director Name | | | Director Name | |
| Street Address | | | Street Address | |
| City | State | Zip | City | State |

| | | | |
|--|---|--------------|-----------|
| 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 |
| | 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

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 13 2024
BY ML V 311N