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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

APR 0 8 20245	7/P
1623	Fax ,

1. Entity ID Number	2. Exact nam	ne of the Corporation	on					
65357		Dwares Corporation						
3. Principal Office Address			City		State	Zip		
700 School Street			Pawtucket		RI	02862		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
531390	OWNING, E	OWNING, BUILDING UPON, DEVELOPING, ALTERING, REPAIRING, SELLING, RENTING OR						
5. State of Incorporation	LEASING							
Rhode Island								
7. List ALL officers (names an	nd addresses)			Check	k the box to i	ndicate an attachment 🗵		
President Name Donald H. Dwares			Vice-President Name Bonnie S. Dwares					
Street Address 510 Island Drive			Street Address 510 Island Drive					
^{City} Palm Beach	State FL	^{Zip} 33480	City Palm Beach		State FL	^{Zip} 33480		
Secretary Name Donald H. Dw	Donald H. Dwares			Treasurer Name Bonnie S. Dwares				
Street Address 510 Island Drive			Street Address	Street Address 510 Island Drive				
City Palm Beach	State FL	^{Zıp} 33480	City Palm Beach		State FL	Žip 33480		
8. List ALL directors (names a	and addresses)		•	Chec	k the box to i	ndicate an attachment 🔲		
Director Name Donald H. Dwares			Director Name	Director Name Bonnie S. Dwares				
Street Address 510 Island Drive			Street Address	Street Address 510 Island Drive				
City Palm Beach	State FL	Zip 33480	City Palm Beach		State FL	. Zip 33480		
Director Name		•	Director Name					
Street Address Stree				Street Address				
City	State	Zıp	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.		NUVBER OF SHARES		CLASS/SFRI	FS	PAR VALUE		
		1000		COMMON		NONE		
Changes require an additional filing.				· -				
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be ex						. <u></u>		
Under penalty of perjury, I o statements, and that all sta				ncluding any acco	mpanying s	cnedules and		
Name of Authorized Representative Date								
Donald H. Dwares					12-	6-2024		
Signature of Authorized Repr	esentative	SIGN DO	CUMENT HERE					
······································								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Attachment to 2024 Annual Report Dwares Corporation ID #65357

Assistant Secretary:

Richard S. Mittleman, Esquire Cameron & Mittleman LLP 301 Promenade Street Providence, RI 02908