



**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.

APR 09 2024
43195 JZ

1. Entity ID Number 000007005		2. Exact name of the Corporation Desnoyers Enterprises, Inc.			
3. Principal Office Address 1160 Mt Pleasant Rd			City Harrisville	State RI	Zip 02830
4. NAICS Code 423730		6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sale of mobile home parts.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis Pasqualino, POA for A Desnoyers			Vice-President Name None		
Street Address 116 Wright Circle			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name None			Treasurer Name None		
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 Dennis Pasqualino, POA for A Desnoyers			Director Name None		
Street Address 116 Wright Circle			Street Address		
City Attlboro	State MA	Zip 02703	City	State	Zip
Director Name None			Director Name None		
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	
		500		CNP	
				\$0.00	
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 Dennis Pasqualino, POA and Conservator for Armand J. Desnoyers				Date 4/4/2024	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov