



**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.

**FILED**

MAY 02 2024

BY 3081

1. Entity ID Number <b>000154356</b>		2. Exact name of the Corporation <b>Duarte's Delivery Service, Inc.</b>			
3. Principal Office Address <b>185 Darlingdale Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>488490</b>		6. Brief description of the character of business conducted in Rhode Island <b>Delivery Service and any other lawful purpose.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jose Duarte</b>			Vice-President Name <b>Rosa Duarte</b>		
Street Address <b>31 Allen Lane</b>			Street Address <b>185 Darlingdale Avenue</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>Rosa Duarte</b>			Treasurer Name <b>Jose Duarte</b>		
Street Address <b>185 Darlingdale Avenue</b>			Street Address <b>31 Allens Lane</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIS	PAR VALUE
		<b>500</b>		<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Jose C Duarte</b>					Date <b>4-5-2024</b>
Signature of Authorized Representative 					