



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

[Handwritten initials]

1. Entity ID Number 000154356		2. Exact name of the Corporation Duarte's Delivery Service, Inc.			
3. Principal Office Address 185 Darlingdale Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 488490		6. Brief description of the character of business conducted in Rhode Island Delivery Service and any other lawful purpose.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose Duarte			Vice-President Name Rosa Duarte		
Street Address 31 Allen Lane			Street Address 185 Darlingdale Avenue		
City Rehoboth	State MA	Zip 02769	City Pawtucket	State RI	Zip 02861
Secretary Name Rosa Duarte			Treasurer Name Jose Duarte		
Street Address 185 Darlingdale Avenue			Street Address 31 Allens Lane		
City Pawtucket	State RI	Zip 02861	City Rehoboth	State MA	Zip 02769
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		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/SERIS	PAR VALUE
		500		Common	No Par Value
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 Jose C Duarte					Date 4-5-2024
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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