



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.

FILED
 MAY 10 2024
 BY *[Signature]* 1025034184

1. Entity ID Number 001697566		2. Exact name of the Corporation Dujon Management Incorporated			
3. Principal Office Address 385 Diamond Hill Road			City Warwick	State RI	Zip 02886
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real estate property management.			
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 Ethan Dujon			Vice-President Name None		
Street Address 385 Diamond Hill Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Ethan Dujon			Treasurer Name Ethan Dujon		
Street Address 385 Diamond Hill Road			Street Address 385 Diamond Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name No directors			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/SERIES
			100		Common
			PAR VALUE		\$0.01 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. <i>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.</i>					
Name of Authorized Representative Ethan Dujon, President					Date
Signature of Authorized Representative <i>Ethan Dujon</i>					SIGN DOCUMENT HERE

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