



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.

REC'D RIDGOS BSD
24 MAY 31 PM 3:47:38

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1739487		2. Exact name of the Corporation Dark Outpost Distilling, Inc.			
3. Principal Office Address 5 Carpenter Street, Suite 202		City Pawtucket		State RI	Zip 02860
4. NAICS Code 312140		6. Brief description of the character of business conducted in Rhode Island Manufacturing a variety of spirits and any other lawful business.			
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 Rebecca DiMuro White			Vice-President Name Jeremy J. White		
Street Address 43 Anchorage Road			Street Address 43 Anchorage Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Alexander Q. Bozkurt			Treasurer Name Melanie L. Tollett Bozkurt		
Street Address 6 Buckley Court			Street Address 6 Buckley Court		
City Whispering Pines	State NC	Zip 28327	City Whispering Pines	State NC	Zip 28327
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 10	CLASS/SERIES Common	PAR VALUE 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 Rebecca DiMuro White			Date 5/30/2024		
Signature of Authorized Representative 			BY 13927 