



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.

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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 | | | | | |
| 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 | | PAR VALUE | |
| 10 | | 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 Rebecca DiMuro White | | | | Date 5/30/2024 | |
| Signature of Authorized Representative  | | | | BY 139R7 | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov