State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation
Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025
1. Corporate ID No. 001716948
2. Name of Corporation <u>D.M.Fashion, Inc.</u>
3. Street Address Principal Business Office:
No. and Street: 300 AVE
City or Town: <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u>
4. Business Phone No.
<u>508-341-1374</u>
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>425120</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
WHOLESALECLOTHING
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
INCORPORATOR	MICHAEL K MARF	RAN	55 CEDAR STREET SUITE 100 PROVIDENCE, RI 02903 USA		
. Shares Authorized and	Issued				
Class of Stock			ue Per are	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000		100.00	0
iling, in compliance with I					
By <u>DONNA FARRELL</u> Signature of Authorize	ed Representative of the	he Corpor	ation		
Signature of Authorize	ed Representative of the	he Corpora	ation		
Signature of Authorize orm No. 630 evised 09/07	ed Representative of t	he Corpor	ation		
Signature of Authorize orm No. 630 evised 09/07	ed Representative of th	he Corpora	ation		
By <u>DONNA FARRELL</u> Signature of Authorize	ed Representative of th	he Corpora	ation		