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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 10 2025
BY 0049694

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31

1. Entity ID Number	2. Exact name of the Corporation		
117487	DISTINCTIVE WINDOW DESIGNS INC		
3. Principal Office Address	City	State	Zip
80 RANDALL ST	CRANSTON	RI	02920
4 NAICS Code: 442291	6. Brief description of the character of business conducted in Rhode Island: SELLING CUSTOM WINDOW TREATMENTS TO PUBLIC AT RETAIL		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
DONALD F ALTIERI	80 RANDALL ST	CRANSTON	RI	02920

Vice-President Name	Street Address	City	State	Zip
SHARON L. ALTIERI	80 RANDALL ST	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip
STEPHANIE ALTIERI LOMBARDI	15 PALIOTTA PARKWAY	CRANSTON	RI	02921

Treasurer Name	Street Address	City	State	Zip
DONALD F. ALTIERI	SAME	"	"	"

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
4000	CNP	0.00

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: DONALD F. ALTIERI — Date: 2/2/25

Signature of Authorized Representative: DONALD F. ALTIERI

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

FORM 630- Revised 12/2023