



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 11 2025
BY USW

1. Entity ID Number 8248		2. Exact name of the Corporation DOUGLAS CONSTRUCTION & SUPPLY COPR			
3. Principal Office Address 90 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PAUL T. SURABIAN			Vice-President Name NICHOLAS H. DURGARIAN		
Street Address 164 BEACON AVENUE			Street Address 31 INDIAN HILL ROAD		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02886
Secretary Name DIANE L. SURABIAN			Treasurer Name PAUL T. SURABIAN		
Street Address 164 BEACON AVENUE			Street Address 164 BEACON AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PAUL T. SURABIAN			Director Name DIANE L. SURABIAN		
Street Address 164 BEACON AVENUE			Street Address 164 BEACON AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name NICHOLAS H. DURGARIAN			Director Name NONE		
Street Address 31 INDIAN HILL ROAD			Street Address NONE		
City WARWICK	State RI	Zip 02886	City NONE	State NONE	Zip NONE
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 PAUL T. SURABIAN, PRESIDENT				Date 02/12/2025	
Signature of Authorized Representative 					