

State of Rhode Island

Department of State - Business Services Division

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Annual	Report	for th	ne yea	r:	2025
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Corporation

Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not fi	iled by May 31.				ΔI	<u> </u>	
1. Entity ID Number 8248	2. Exact name of the Corporation DOUGLAS CONSTRUCTION & SUPPLY COPR							
Principal Office Address DOUGLAS PIKE		· · · · ·	City SMITI	THFIELD			Zip 02917	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Isla				land		<u>-</u>	
236210	GENERAL CONSTRUCTION							
5. State of Incorporation								
7. List ALL officers (names and add	resses)		` 17.	Check the bo	x to indi	icate an att	achment 🔲	
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 ad	dresses)		4,-,-,-	Check the bo	x to indi	cate an att	achment 🔲	
PAUL T. SURABIAN			Director Name DIANE L. SURABIAN					
Street Address 164 BEACON AVENUE			Street Address 164 BEACON AVENUE					
^{City} WARWICK	State RI	^{Žip} 02889	City WARWICK		State RI		^{Zip} 02889	
Director Name NICHOLAS H. DURGARIAN			Director Name NONE					
Street Address 31 INDIAN HILL	ROAD	Street Address NONE						
<u> </u>	State RI	^{Zip} 02886	City NO	NE	State	NONE	Zip NONE	
9. Shares Authorized This information is currently of record	d : a sta -	10. Shares Issue		Check the bo	x to ind			
Department of State.	i iti tri u	100	vacs	COMMON		NO PAI	PARVALUE	
Changes require an additional filing.								
11. This report must be executed on ceiver or trustee, this report must be	behalf of the corp	poration by an aut	horized rep	resentative. If the corpora	ation is	in the hand	s of a re-	
Under penalty of perjury, I declare	and affirm that	I have examined	this repor	t, including any accomp	anying	schedule	s and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative				Date				
PAUL T. SURABIAN, PRESIDENT 02/12/2025								
Signature of Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov