



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 APR 11 AM 11:55:4

1. Entity ID Number <u>001762056</u>		2. Exact name of the Corporation <u>D S WHOLESALE GROUP INC</u>										
3. Principal Office Address <u>114 Ohio Ave</u>		City <u>Providence</u>	State <u>RI</u>									
4. NAICS Code <u>424990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Wholesale General Merchandise</u>										
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name <u>Mohammed Zamceruddin</u>		Vice-President Name										
Street Address <u>114 Ohio Ave</u>		Street Address										
City <u>Providence</u>	State <u>RI</u>	City	State									
Zip <u>02905</u>		Zip										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1000</u></td> <td><u>CNP</u></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1000</u>	<u>CNP</u>	<u>0</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>1000</u>	<u>CNP</u>	<u>0</u>										
Changes require an additional filing.												
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 <u>Mohammed Zamceruddin</u>		Date <u>4-11-25</u>										
Signature of Authorized Representative 												

FILED

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

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BY NDM FORM 630- Revised: 12/2023
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