



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 SEP 30 AM 11:26:04

1. Entity ID Number <u>000022768</u>		2. Exact name of the Corporation <u>DIXIE WAREHOUSING INC.</u>	
3. Principal Office Address <u>240 MILLENNIUM CIRCLE</u>		City <u>LAKEVILLE</u>	State <u>MA</u>
		Zip <u>02347</u>	
4. NAICS Code <u>484210</u>	6. Brief description of the character of business conducted in Rhode Island <u>MOVING PACKING AND WAREHOUSING OF USED HOUSEHOLD GOODS</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID HORSEMAN</u>		Vice-President Name <u>PATRICK FOLEY</u>	
Street Address <u>240 MILLENNIUM CIR.</u>		Street Address <u>859 PINE ST APT 110</u>	
City <u>LAKEVILLE</u>	State <u>MA</u>	City <u>FALL RIVER</u>	State <u>MA</u>
Zip <u>02347</u>		Zip <u>02720</u>	
Secretary Name <u>PATRICK FOLEY</u>		Treasurer Name <u>DAVID HORSEMAN</u>	
Street Address <u>859 PINE ST. APT 110</u>		Street Address <u>240 MILLENNIUM CIR.</u>	
City <u>FALL RIVER</u>	State <u>MA</u>	City <u>LAKEVILLE</u>	State <u>MA</u>
Zip <u>02720</u>		Zip <u>02347</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>DAVID HORSEMAN</u>		Director Name <u>NONE</u>	
Street Address <u>240 MILLENNIUM CIR.</u>		Street Address	
City <u>LAKEVILLE</u>	State <u>MA</u>	City	State
Zip <u>02347</u>		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>2000</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.			PAR VALUE <u>0</u>
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>DAVID HORSEMAN</u>			Date <u>9/25/25</u>
Signature of Authorized Representative <u>[Signature]</u>			

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

FILED

SEP 30 2025
SEP 30 2025 REVISED 12/2023

BY

[Signature]
11:33AM