



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.

FEB 14 2023
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1. Entity ID Number 000026314		2. Exact name of the Corporation DORIC ASSOCIATION INC.	
3. Principal Office Address 1237 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 813110	6. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TEREMY NEWTON		Vice-President Name JAMES LALETTE	
Street Address 230 HOWARD AVENUE		Street Address 63 KRISTEE CIRCLE	
City COVENTRY	State RI	City WEST WARWICK	State RI
Secretary Name ROBERT KEMPF		Treasurer Name JEFF LEVASSEUR	
Street Address 222 WARRINGTON STREET		Street Address 57 LYALL AVENUE	
City PROVIDENCE	State RI	City WARWICK	State RI
		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANTHONY ALANTON		Director Name ADAM AQUILANTE	
Street Address 29 FRAWLES STREET		Street Address 198 HYDE STREET	
City WARWICK	State RI	City CRANSTON	State RI
		Zip 02889	
Director Name JOHN BELSKY		Director Name ROBERT FISH	
Street Address 66 SUSTON AVENUE		Street Address 53 RUTHERGLEN AVENUE	
City CRANSTON	State RI	City PROVIDENCE	State RI
		Zip 02910	
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. 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 JEFF LEVASSEUR		Date 2-8-23	
Signature of Authorized Representative <i>Jeff Levasseur</i>			

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