



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 148165		2. Name of Corporation DTCS ENDEAVORS, INC.			
3. Street Address Principal Business Office 970 Douglas Pike, Building C, Mailbox #5			City Smithfield	State RI	Zip 02917-0000
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a restaurant with liquor license					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlo Slaughter			Vice President Name Carlo Slaughter		
Street Address 10 Woodmist Circle			Street Address 10 Woodmist Circle		
City Coventry	State RI	Zip 02816-	City Coventry	State RI	Zip 02816-
Secretary Name Carlo Slaughter			Treasurer Name Carlo Slaughter		
Street Address 10 Woodmist Circle			Street Address 10 Woodmist Circle		
City Coventry	State RI	Zip 02816-	City Coventry	State RI	Zip 02816-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carlo Slaughter			Director Name none		
Street Address 10 Woodmist Circle			Street Address none		
City Coventry	State RI	Zip 02816-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par
			THIS SECTION MUST BE COMPLETED		

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.

File Date	FILED
Check No.	JAN 13 2009
By	By 5061
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Date **01/05/09**
Print or Type Name
Carlo Slaughter
President
Title