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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.	2. Name of Corporation			
86863	DW Properties, Inc.			
3. Street Address Principal Business Office		City	State	Zip
426 Metacom Avenue		Warren	RI	02885
4. Business Phone No.	5. State of Incorporation			
401-247-7747	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
generally deal directly or indirectly, with real and personal property

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Mark J. Lombari			Joseph T. Lombari		
Street Address			Street Address		
20 Ledgefield Road			32 Winsor Avenue		
City	State	Zip	City	State	Zip
Scituate	RI	02857	Johnston	RI	02919
Secretary Name			Treasurer Name		
Joseph T. Lombari			Mark J. Lombari		
Street Address			Street Address		
32 Winsor Avenue			20 Ledgefield Road		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Scituate	RI	02857

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Mark J. Lombari			Joseph T. Lombari		
Street Address			Street Address		
20 Ledgefield Road			32 Winsor Avenue		
City	State	Zip	City	State	Zip
Scituate	RI	02857	Johnston	RI	02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2,000	Common	no par

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.

[redacted]

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[redacted]

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: 11/5/09

Mark J. Lombari
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____
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40058-3-427907

Form 630 Rev. 08/08