

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 2010

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. 6097	2. Name of Corporation DAPAUL R	EALTY CORP			
3. Street Address Principal Business 2. Wooksia R	s Office		SAUNDERSIOWN	R.I.	02874
4. Business Phone No. (401) 294-9474		RHODE	ISLAND		
8. Brief Description of the Characte	E CONSULT	ING			
President Name			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name CONTROL OF THE PROPERTY		
DAVED E. RUBIEN Street Address			FRULA K. KUBIEN		
2 WOODSIA	KD	70.	2 WOODSIA	State -	Zin
SAUNDERSTOW	U <u>R</u> I	02874	SAUNDERSIAWN Treasurer Name	RI	02874
PAULA R. RUBIEN			DAVED E. RUBIEN		
Street Address ABOVE			ASA BOVE		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
DAVED E. RUBIEN			PAULA KIKUBIEN SIEGEN Address		
AS ABOVE			AS ABOUE		
Сиу	State	Zip	Сйу	State	Zip
Director Name	<i>.</i>	.)	Director Name	,	***************************************
Street Address			Street Address		
Сйу	State	Zip	City	State	Zψ
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			500 COMM NO PAR VALUE	100	PAR VALUE
This report must be execute this report must be executed.	ted on behalf of the cor	poration by an authorize	ed representative. If the corpo	oration is in the hand	s of a receiver or trustee,
this report must be execute	a on behan of the corp	oration by the receiver	or trastee.		
			Under penalty of perjui	y, I declare and affirm	that I have examined this repo
				inying schedules and sta ue and carrect.	atements, and that all statemen
File Date FEB 01 2010 Signature Date					
Check No. BV 5	5240		DAVED E. RUBIEN		
Ву:			Print or Type Name		
FOR SECRETARY OF	STATE USE ONLY	_	Title		Form 630 Rev. 08/08