



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 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. 5695		2. Name of Corporation D+P REALTY INC.	
3. Street Address Principal Business Office 17 ROCKYCREST RD.		City CUMBERLAND	State RI
4. Business Phone No. (401)-333-9233		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, MAINTAINING, SELLING OF REAL ESTATE AND STOCKS.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LORRAINE T. DYKAS.		Vice President Name	
Street Address 17 ROCKYCREST RD.		Street Address NONE	
City CUMB	State RI	Zip 02861	
Secretary Name LORRAINE T. DYKAS.		Treasurer Name LORRAINE T. DYKAS.	
Street Address "SAME"		Street Address "SAME"	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name LORRAINE T. DYKAS.		Director Name	
Street Address 17 ROCKYCREST RD.		Street Address	
City CUMB.	State RI	Zip 02861	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED 2,000 Common NO PAR		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 1,200	Class/Series Common
			Par Value 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.

File Date **FILED**

Check No. **FEB 26 2010**

By: **527**

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 **Lorraine T. Dykas** Date **2/23/10**

Print or Type Name **LORRAINE T. DYKAS.**

Title **PRESIDENT.**