



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.**