



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 2011

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. 00005860		2. Name of Corporation D. R. R. REALTY INC.	
3. Street Address Principal Business Office 400 MAIN ST			City PASCOAG
4. Business Phone No. 401 568-6566		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DENNIS B KEAGLE		Vice President Name	
Street Address 300 CHAPEL ST		Street Address	
City HARRISVILLE	State RI	Zip 02830	
Secretary Name		Treasurer Name RUSSELL KEAGLE	
Street Address		Street Address POB EAGLE PEAK ROAD	
City	State	Zip	City PASCOAG
			State RI
			Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DENNIS B KEAGLE		Director Name RUSSELL KEAGLE	
Street Address 300 CHAPEL ST		Street Address POB EAGLE PEAK ROAD	
City HARRISVILLE	State RI	Zip 02830	City PASCOAG
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State RI
			Zip 02830
9. SHARES AUTHORIZED		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	Class/Series
		200	COMMON
		Par Value	NO PAR VALUE

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.

FILED

File Date **FEB 07 2011**
 Check No. BY **1696**
 By: _____
 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 *Dennis B. Keagle* Date **2/5/11**
 Print or Type Name **DENNIS B KEAGLE**
 Title **PRESIDENT**