



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. 15L342		2. Name of Corporation DEJ COPT			
3. Street Address Principal Business Office 78 CASWELL ST SUITE 400			City NARR	State RI	Zip 02882
4. Business Phone No. 401-284 3866		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS CUMBS			Vice President Name EDWARD GROSSMAN		
Street Address 587 SW 3RD ST			Street Address 30 Sweet Meadows Ct #7		
City LAKE OSWEGO	State OR	Zip 97034	City NARR	State RI	Zip 02882
Secretary Name DAN MILLER			Treasurer Name CAROL CUMBS		
Street Address 587 SW 3RD ST			Street Address 587 SW 3RD ST		
City LAKE OSWEGO	State OR	Zip 97034	City LAKE OSWEGO	State OR	Zip 97034
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENNIS CUMBS			Director Name EDWARD GILGUSMAN		
Street Address 587 SW 3RD ST			Street Address 30 Sweet Meadows Ct #7		
City LAKE OSWEGO	State OR	Zip 97034	City NARR	State RI	Zip 02882
Director Name DAN MILLER			Director Name CAROL CUMBS		
Street Address 587 SW 3RD ST			Street Address 587 SW 3RD ST		
City LAKE OSWEGO	State OR	Zip 97034	City LAKE OSWEGO	State OR	Zip 97034
9. SHARES AUTHORIZED 5000			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 NONE	Class/Series	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: JAN 12 2012

Check No. 2273

By: 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: Edward Grossman Date: 1/10/12

Print or Type Name: EDWARD GROSSMAN

Title: J.P.