

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT

Business Corporation Annual Report

Filing Period: January 1 - March 1

(?) Help with this form

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

	RT YEAR: 2012				
1. Corporate II	No. <u>000006097</u>				
2. Name of Co	rporation <u>DaPaul Re</u>	alty Corp.			
3. Street Addre	ss Principal Busines	s Office:			
No. and Street:	2 WOODSIA ROAD				
City or Town:	SAUNDERSTOWN		State: RI	Zip: 02874	Country: USA
4. Business Ph	one No.				
401-294-947	1 				
5. State of Inco	rporation				
State: RI					
6. Brief Descrip	tion of the Characte	r of Business	Conducted in	Rhode Island	····
REAL ESTAT	E				FILED
				J	IAN 30 2012
				By_ Ch_#	MNC) - 5146
7. Names and A	ddresses of the Offi	cers and Dire	ctors:		
				octore have been	alastad the title
All Officers at	id directors illust be	nated. II OIII	cis alluvui ulit	sciolo liave neeli	elected, the title waderstown 15.

Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	PRESIDENT	DAVED E RUBIEN	2 WOODSIA ROAD SAUNDERSTOWN, RI 02874 USA

Select From Below Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Add Clear

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	500.00	100.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

DAVED E. KUBIEN

Business Name:

No. and Street:

2 WOODSIA ROAD

Principal Office

City or Town:

SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

Contact Phone: 401) 294-9474 ext:

Contact Email:

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 5 Day of January, 2012 at 10:17:00 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. **FILED**

By

Signature of Authorized Representative of the Corporation

JAN 30 2012