



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

A. Ralph Mollis, Secretary of
Corporations D
148 W. River
Providence, RI 02904
401.22.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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)(2) subject to a penalty fee of \$25.00.

1. Corporate ID No. 76991		2. Name of Corporation DLM, Inc.	
3. Street Address Principal Business Office 122 Fountain Street		City Providence	State RI
		Zip 02903	
4. Business Phone No. 401-751-9414		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Real estate holding company			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael A. Deluca		Vice President Name None	
Street Address 4436 King Theodore Drive		Street Address	
City Boynton Beach	State FL	Zip 33436	
Secretary Name None		Treasurer Name Michael A. Deluca	
Street Address		Street Address 4436 King Theodore Drive	
City	State	Zip	
			Boynton Beach FL 33436
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	Zip	
			Boynton Beach FL 33436
9. SHARES AUTHORIZED			
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
		Number of Shares 1,000	Class/Series 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 21 2012

Check No. 1859

By: BY

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.

Michael A. DeLuca
Signature Date
Michael A. Deluca 2/13/12
Print or Type Name
President
Title