



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**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. <b>114182</b>		2. Name of Corporation <b>DESTINY PROPERTIES, INC.</b>			
3. Street Address Principal Business Office <b>31 Libera Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-944-9991</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>LAND HOLDING COMPANY</b>					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ABBREVIATIONS</b>					
President Name <b>Joseph V. Zarrella</b>			Vice President Name <b>Joseph V. Zarrella</b>		
Street Address <b>31 Libera Street</b>			Street Address <b>31 Libera Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Joseph V. Zarrella</b>			Treasurer Name <b>Joseph V. Zarrella</b>		
Street Address <b>31 Libera Street</b>			Street Address <b>31 Libera Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ABBREVIATIONS</b>					
Director Name <b>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) ■ SHARES ISSUED (SEE BOX FOR ATTACHMENT) ■</b>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>-100-</b>	<b>common</b>	<b>no par value</b>
			<b>THIS SECTION MUST BE COMPLETED</b>		

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**

\*114182\*

**JAN 08 2013**

File Date: \_\_\_\_\_  
City: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

*MMC*  
**Ch# 20235**

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 *Joseph V. Zarrella*  
**Joseph V. Zarrella**

Date **1/2/13**

Print or Type Name  
**President**

Title