



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 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(cc&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000005860		2. Name of Corporation D. R. R. REALTY, INC.		
3. Street Address Principal Business Office 400 MAIN ST			City PASCOAG	State RI
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 KEABLE		Vice President Name		
Street Address 300 CHAPEL ST		Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State
Secretary Name		Treasurer Name RUSSELL KEABLE		
Street Address		Street Address 808 EAGLE PEAK ROAD		
City	State	Zip	City PASCOAG	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DENNIS B KEABLE		Director Name RUSSELL KEABLE		
Street Address 300 CHAPEL ST		Street Address 808 EAGLE PEAK ROAD		
City HARRISVILLE	State RI	Zip 02830	City PASCOAG	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 200	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.

File Date _____
Check No. _____
By: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 14 2013
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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: _____ Date: 2/13/13
DENNIS B KEABLE
Print or Type Name
PRESIDENT
Title