



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 6763		2. Exact name of the Corporation DE-MAL ASSOCIATES, INC.			
3. Principal office address 105 Valley Street		City East Providence	State RI	Zip 02914	
4. Business Phone No. 401-886-7654		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Investing in apartment houses as owner and leasing apartments therein					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gregory G. Demetrakas			Vice-President Name Gregory M. Demetrakas		
Street Address 105 Valley Street			Street Address 121 Gilbert Stuart Drive		
City East Providence	State RI	Zip 02914	City East Greenwich	State RI	Zip 02818
Secretary Name Gregory G. Demetrakas			Treasurer Name Gregory G. Demetrakas		
Street Address 105 Valley Street			Street Address 105 Valley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Gregory G. Demetrakas			Director Name Gregory M. Demetrakas		
Street Address 105 Valley Street			Street Address 121 Gilbert Stuart Drive		
City East Providence	State RI	Zip 02914	City East Greenwich	State RI	Zip 02818
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	\$0.00

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Gregory G. Demetrakas 3/1/13
Signature of Authorized Representative Date

Gregory G. Demetrakas

Print or Type Name of Authorized Representative