



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. 746418		2. Exact name of the Corporation Dennis Writing and Editing Inc.		
3. Principal office address 38 Enrol St.		City Warwick	State RI	Zip 02888
4. Business Phone No. 619-871-5969		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Writer/Editor as an S-Corp for MetLife				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
President Name Dennis Bulcao		Vice-President Name		
Street Address 360 Hyde St. #402		Street Address		
City San Francisco	State CA	Zip 94109	City N/A	State N/A
Secretary Name N/A		Treasurer Name		
Street Address N/A		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name N/A		Director Name n/a		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>		
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
			n/a	

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 STATE OF RHODE ISLAND  
 DIVISION OF BUSINESS SERVICES

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.

Signature of Authorized Representative: Dennis Bulcao, Jr. Date: 4/15/13

Print or Type Name of Authorized Representative