



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 2012

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.<br><u>746418</u>  |                    | 2. Exact name of the Corporation<br><u>Dennis Writing and Editing Inc.</u> |                    |                     |
| 3. Principal office address<br><u>38 Errol St.</u>   |                    | City<br><u>Warwick</u>   | State<br><u>RI</u> | Zip<br><u>02888</u> |
| 4. Business Phone No.<br><u>619-871-5969</u>   |                    | 5. State of Incorporation<br><u>RI</u>                                     |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><u>Writing and Editing Services as an S-Corp for MetLife</u>                |                    |  |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |                    |                     |
| President Name<br><u>Dennis Bulcao, Jr.</u>  |                    | Vice-President Name  |                    |                     |
| Street Address<br><u>360 Hyde St. #402</u>   |                    | Street Address   |                    |                     |
| City<br><u>San Francisco</u>   | State<br><u>CA</u> | Zip<br><u>94109</u>  | City               | State<br><u>X</u>   |
| Secretary Name   |                    | Treasurer Name   |                    |                     |
| Street Address<br><u>X</u>   |                    | Street Address<br><u>X</u>   |                    |                     |
| City   | State              | Zip  | City               | State               |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                    |                     |
| Director Name  |                    | Director Name  |                    |                     |
| Street Address<br><u>N/A</u>   |                    | Street Address   |                    |                     |
| City   | State              | Zip  | City<br><u>N/A</u> | State               |
| 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. |                    | NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE           |
|  |                    | <u>N/A</u>   |                    |                     |

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

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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