



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.

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|--|--------------------|---|---|--------------------|---------------------|
| 1. Entity ID No. 000145930 | | 2. Exact name of the Corporation DENS FACILITY SERVICES, INC. | | | |
| 3. Principal office address 31 ROUTE 13 | | | City BROOKLINE | State MA | Zip 03033 |
| 4. Business Phone No. 603-279-7400 | | | 5. State of Incorporation MA | | |
| 6. Brief description of the character of business conducted in Rhode Island MANAGEMENT AND MAINTENANCE FOR BIODPHARMACEUTICAL INDUSTRIES | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name ROY F GREENWALD | | | Vice-President Name BRIAN WALSH | | |
| Street Address 23 MYDPIA RD | | | Street Address 23 OTIS HILL ROAD | | |
| City WINCHESTER | State MA | Zip 01890 | City Hingham | State MA | Zip 01890 |
| Secretary Name | | | Treasurer Name CHARLES PIERCE | | |
| Street Address | | | Street Address 385 DEPOT ROAD | | |
| City | State | Zip | City MASON | State NH | Zip 03048 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name ROY F GREENWALD | | | Director Name | | |
| Street Address 23 MYDPIA RD | | | Street Address | | |
| City WINCHESTER | State MA | Zip 01890 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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. | | | | | |
| | | | | | |

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 _____

FILED

Check No _____

JUL 17 2013

By: _____

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] **6/28/13**
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

By *[Signature]*

CHARLES C PIERCE
 Print or Type Name of Authorized Representative

[Handwritten] CR#10159