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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.	2. Exact name of the Corporation		
82043	D.S.F. REALTY, LTD		
3. Principal office address: 1444 WARWICK AVENUE	City: WARWICK	State: RI	Zip: 02889
4. Business Phone No.	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: TO OWN, OPERATE, LEASE AND OTHERWISE MANAGE REAL ESTATE			

President Name: DOUGLAS S FOREMAN			Vice-President Name: ROSALYN S FOREMAN		
Street Address: 1444 WARWICK AVENUE			Street Address: 1444 WARWICK AVE		
City: WARWICK	State: RI	Zip: 02888	City: WARWICK	State: RI	Zip: 02888
Secretary Name: DOUGLAS S FOREMAN			Treasurer Name: ROSALYN S FOREMAN		
Street Address: 1444 WARWICK AVENUE			Street Address: 1444 WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02888	City: WARWICK	State: RI	Zip: 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV

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
	100	COMMON	NO PAR

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.

[redacted]

FILED
AUG 02 2013
By 49-203069
A. A.

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 Date

DOUGLAS S FOREMAN, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
95508-8-893515