RI SOS Filing Number: 201436640550 Date: 03/03/2014 4:00 PM

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 2014

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
129685	DNP Corp

3. Principal office address	City	State	Zip
66 N. MAIN STREET	PASCOAG	RI	02859

4. Business Phone No.	5. State of Incorporation
508-667-0271	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island

BUSINESS COACHING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
PENNY FERRETTI	65 CANAL ST, UNIT 317	MILLBURY	MA	01527

Vice-President Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Secretary Name	Street Address	City	State	Zip
PENNY FERRETTI	65 CANAL ST, UNIT 317	MILLBURY	MA	01527

Treasurer Name	Street Address	City	State	Zip
PENNY FERRETTI	65 CANAL ST, UNIT 317	MILLBURY	MA	01527

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE	NONE	NONE
NONE	NONE	NONE

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
MAR 0 3 2014
315

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.

Penny Ferretti — 02/27/2014
Signature of Authorized Representative — Date

PENNY FERRETTI
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103518-13-949747