



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.<br><b>42421</b>   |                    | 2. Exact name of the Corporation<br><b>Dean Warehousing Services, Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>60 Industrial Drive</b>  |                    |  | City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 4. Business Phone No.<br><b>(401) 334-4677</b>   |                    |  | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><br><b>Warehousing.</b>   |                    |  |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |  |                    |                     |
| President Name<br><b>Bradford A. Dean</b>  |                    |  | Vice-President Name  |                    |                     |
| Street Address<br><b>16 Jason's Grant Drive</b>  |                    |  | Street Address   |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>  | City   | State              | Zip                 |
| Secretary Name<br><b>Bradford A. Dean</b>  |                    |  | Treasurer Name<br><b>Bradford A. Dean</b>                                  |                    |                     |
| Street Address<br><b>16 Jason's Grant Drive</b>  |                    |  | Street Address<br><b>16 Jason's Grant Drive</b>                            |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>  | City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |  |                    |                     |
| Director Name<br><b>Bradford A. Dean</b>   |                    |  | Director Name  |                    |                     |
| Street Address<br><b>16 Jason's Grant Drive</b>  |                    |  | Street Address   |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>  | City   | State              | Zip                 |
| Director Name  |                    |  | Director Name  |                    |                     |
| Street Address   |                    |  | Street Address   |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></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           |
|  |                    |  | 800  | Common             | no par value        |

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 20 2014**  
 17491

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.

*John O. Mancini* 3/19/14  
 Signature of Authorized Representative Date  
**John O. Mancini, Esq., registered agent**  
 Print or Type Name of Authorized Representative