



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. 138866		2. Exact name of the Corporation DASCO INTERACTIVE INC.			
3. Principal office address 3 STAGECOACH ROAD		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. (617) 943-0901		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island WEBSITE DEVELOPMENT AND MANAGEMENT					
7. LIST ALL OFFICERS (NAME, CITY, STATE, ZIP) AND ADDRESSES (NAME, CITY, STATE, ZIP)					
President Name DEREK SANTOS			Vice-President Name		
Street Address 3 STAGECOACH ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME, CITY, STATE, ZIP) AND ADDRESSES (NAME, CITY, STATE, ZIP)					
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
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0	COMMON	.01	

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

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.

FILED

Signature of Authorized Representative

02/28/2014

Date

DEREK SANTOS

Print or Type Name of Authorized Representative

APR 18 2014

BY 2312 2301