



**TATE 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 2015**

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. <b>98683</b>		2. Exact name of the Corporation <b>DIAS TEAM, INC.</b>			
3. Principal office address <b>162 Elwyn Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-785-1700</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE SERVICE</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>JOSEPH R. DIAS, JR.</b>			Vice-President Name <b>JEANINE DIAS</b>		
Street Address <b>162 Elwyn Street</b>			Street Address <b>162 Elwyn Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>NANCY A. DIAS</b>			Treasurer Name <b>NANCY A. DIAS</b>		
Street Address <b>162 Elwyn Street</b>			Street Address <b>162 Elwyn Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>None</b>			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
<b>9. SHARES AUTHORIZED</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.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000 Shares		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: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY **FEB 19 2015**

Form No. 630  
 Revised: 01/2012

BY 1448

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.

\_\_\_\_\_  
 Date **2-15-15**

Print or Type Name of Authorized Representative  
**JOSEPH R. DIAS, JR.**