



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 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. 113595		2. Exact name of the Corporation DMR ENTERPRISES, INC			
3. Principal office address 75 Walden Way		City Cranston		State RI	Zip 02921
4. Business Phone No. 401-274-5048		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To purchase, sell and otherwise deal in alcoholic beverages, both at wholesale and retail					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David M. Iannazzi			Vice-President Name Michael A. Iannazzi		
Street Address 72 Belvedere Boulevard			Street Address 75 Walden Way		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02921
Secretary Name David M. Iannazzi			Treasurer Name Michael A. Iannazzi		
Street Address 72 Belvedere Boulevard			Street Address 75 Walden Way		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State I	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			600	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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

David Iannazzi
Signature of Authorized Representative

2/10/15
Date

David M. Iannazzi, President

Print or Type Name of Authorized Representative