



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. 7426		2. Exact name of the Corporation Dina, Inc.		
3. Principal office address 357 Dyer Ave.		City Cranston	State RI	Zip 02920
4. Business Phone No. 401 942-9633		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Jewelry Mfg.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Lois J Bordieri		Vice-President Name		
Street Address 8 Beacon St.		Street Address		
City Johnston	State R.I.	Zip 02920	City	State Zip
Secretary Name Lois J Bordieri		Treasurer Name Lois J Bordieri		
Street Address 8 Beacon St.		Street Address 8 Beacon St.		
City Johnston	State R.I.	Zip 02920	City Johnston	State RI Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		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		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
		100	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 BY

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.

Lois J Bordieri 3/14/15
 Signature of Authorized Representative Date

Lois J Bordieri 3/14/15
 Print or Type Name of Authorized Representative