

Form No. 630 Revised: 01/2012

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

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

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1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
124885	D.C.H. 1, Inc.					
3. Principal office address 880 Victory Hwy.				State RI	Zip 02817	
4. Business Phone No. 401-392-3092			5. State of Incorporation R.I.			
6. Brief description of the cha Operate a restaurant		s conducted in Rhode Islan	d	,		
Operate a restaurant						
Total Control of the State of t	- 1	e introduce the dispersion of the second control of the control of	Marie Marie Santa Sa			
President Name Daniel C. Hebert			Vice-President Name Daniel C. Hebert			
Street Address 880 Victory Hwy			Street Address 880 Victory Hwy			
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817	
Secretary Name Same			Treasurer Name Same			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
and its two experiences of the control of the contr	ing the second second second					
Director Name	na hii wan san aha garan kanalikatika ahaa	terlamidante socialis I. LeM., sciente de bossicio	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		I	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
W. The state of th						
tina di salah s			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			500		No par value	
See Section 9 of Instruction	sheet.					
This report must be executed	on behalf of the this report mus	corporation by an authorize st be executed on behalf of	d representative. If the the the corporation by the r	corporation is in the hands eceiver or trustee.	of a receiver or trustee,	
			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.			
	91.07	FILED		DC00/1	4	
		FILED	-	ized Representative	Date	
and the second s	TO STORY		Daniel C. Hebe	ert		

MAR 2 6 2015

BY ___

Print or Type Name of Authorized Representative