



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 **2016**

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. 6796		2. Exact name of the Corporation R.D. DENELLE & COMPANY, INC.			
3. Principal office address 133 OLD TOWER HILL ROAD, STE. 1		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DENNIS G. DENELLE			Vice-President Name DALE D. DENELLE		
Street Address 180 HAMPTON WAY			Street Address PO BOX 6		
City WAKEFIELD	State RI	Zip 02879	City NARRAGANSETT	State RI	Zip 02882
Secretary Name ARCHIBALD B. KENYON, JR.			Treasurer Name RONALD D. DENELLE		
Street Address 133 OLD TOWER HILL ROAD, STE. 1			Street Address 55 CLIFF DRIVE		
City WAKEFIELD	State RI	Zip 02879	City NARRAGANSETT	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RONALD D. DENELLE			Director Name SANDRA F. DENELLE		
Street Address 55 CLIFF DRIVE			Street Address 55 CLIFF DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name ARCHIBALD B. KENYON, JR.			Director Name		
Street Address 133 OLD TOWER HILL ROAD, STE. 1			Street Address		
City WAKEFIELD	State RI	Zip 02879	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 **OS 4269**

FILED

JAN 06 2015

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.

Signature of Authorized Representative

Date **1/4/16**

RONALD D. DENELLE, TREASURER

Print or Type Name of Authorized Representative