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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.	2. Exact name of the Corporation			
5815	DMD REALTY CO INC			
3. Principal office address: 173 WEEDEN STREET		City: PAWTUCKET	State: RI	Zip: 02860
4. Business Phone No.: 401 725-2610		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: REAL ESTATE OPERATING COMPANY				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: KENNETH W DOUGLAS JR			Vice-President Name: THOMAS R NATAL JR		
Street Address: 300 FRONT STREET APT 103			Street Address: 47A KNOLL PLACE		
City: PAWTUCKET	State: RI	Zip: 02860	City: N PROVIDENCE	State: RI	Zip: 02904
Secretary Name: JAY DWIGHT DOUGLAS			Treasurer Name: JAY DWIGHT DOUGLAS		
Street Address: 223 COTTAGE STREET			Street Address: 223 COTTAGE STREET		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: KENNETH W DOUGLAS JR			Director Name: THOMAS R NATAL JR		
Street Address: 300 FRONT STREET APT 103			Street Address: 47A KNOLL PLACE		
City: PAWTUCKET	State: RI	Zip: 02860	City: N PROVIDENCE	State: RI	Zip: 02904
Director Name: JAY DWIGHT DOUGLAS			Director Name:		
Street Address: 223 COTTAGE STREET			Street Address:		
City: PAWTUCKET	State: RI	Zip: 02860	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
128	COMMON	

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
JAN 06 2016
BY KL 6255

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.

Jay Dwight Douglas — 12/15/2015
Signature of Authorized Representative — Date

JAY DWIGHT DOUGLAS ,SECRETARY-TREASURER
Print or Type Name of Authorized Representative

Form No. 630
Revised 07/2012 1063373