



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. 147888		2. Exact name of the Corporation DIBRO HOLDINGS, INC.			
3. Principal office address JAMES P. MURPHY HIGHWAY, #101		City WEST WARWICK		State RI	Zip 02893
4. Business Phone No. 615-7043		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL CLEANING AND MAINTENANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRITOPHER DINAPOLI			Vice-President Name STEVEN BROGNO		
Street Address 287 GIBBS AVENUE			Street Address 257 SHERMANTOWN ROAD		
City NEWPORT	State RI	Zip 02840	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name CHRISTOPHER DINAPOLI			Treasurer Name STEVE BROGNO		
Street Address 287 GIBBS AVENUE			Street Address 257 SHERMANTOWN ROAD		
City NEWPORT	State RI	Zip 02840	City SAUNDERSTOWN	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHRISTOPHER DINAPOLI			Director Name STEVEN BROGNO		
Street Address 287 GIBBS AVENUE			Street Address 257 SHERMANTOWN ROAD		
City NEWPORT	State RI	Zip 02840	City SAUNDERSTOWN	State RI	Zip 02874
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
			1000	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
JAN 11 2016
5154

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

CHRISTOPHER DINAPOLI

Print or Type Name of Authorized Representative

Date

11/9/14