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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		
5799	DTM REALTY CORP		
3. Principal office address	City	State	Zip
29 MEADOW RD	WOONSOCKET	RI	02895
4. Business Phone No.	5. State of Incorporation		
401-769-8401	RI,		

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE HOLDINGS / THIS BUSINESS WAS DISSOLVED DEC 23 2015 / NO BUSINESS 2016

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

President Name	Vice-President Name
MATHEW LACROIX	JACQUELINE LACROIX
Street Address: 202 PAINE ST	Street Address: SAME
City: BELLINGHAM, State: MA, Zip: 02019	City, State, Zip
Secretary Name: JACQUELINE LACROIX	Treasurer Name: JACQUELINE LACROIX
Street Address: 15 WARREN AVE 02895	Street Address: SAME
City: CUMBERLAND, State: RI, Zip: 02	City, State, Zip

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

Director Name	Director Name
NONE	
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
	200		0

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
MAR 08 2016 10:44AM
BY 269527

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.

Mathew Lacroix 3-3-16
Signature of Authorized Representative — Date

MATHEW LACROIX 3-3-16
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133645-1-1114614

LD