



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

2014

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 \$25.00 PENALTY FEE.

1. Entity ID No. 000018908		2. Exact name of the Corporation D & F Enterprises, Inc.			
3. Principal office address 118 Spring Street			City Pawtucket	State R.I.	Zip 02860
4. Business Phone No. 401- 640-2208			5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island To hold and maintain real estate property					
President Name David E. Kelaghan			Vice-President Name none		
Street Address 139 Kent Drive			Street Address		
City East Greenwich	State R.I.	Zip 02818	City	State	Zip
Secretary Name none			Treasurer Name David E. Kelaghan		
Street Address			Street Address 139 Kent Drive		
City	State	Zip	City East Greenwich	State R.I.	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David E. Kelaghan			Director Name none		
Street Address 139 Kent Drive			Street Address		
City East Greenwich	State R.I.	Zip 02818	City	State	Zip
Director Name none			Director Name none		
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. 1,000			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	CNP	\$0.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR - 8 2:20 PM

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: _____

2:23pm
FILED

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 **2/27/2016**

FOR SECRETARY OF STATE USE ONLY

MAR 08 2016

David E. Kelaghan
 Print or Type Name of Authorized Representative

By 269578

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