



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. 6097	2. Exact name of the Corporation DAPAVL REALTY CORPORATION		
3. Principal office address 2 WOODSIA RD.	City SAUNDERSTOWN	State R.I.	Zip 02874
4. Business Phone No. (401) 294-9474	5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island			

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

President Name DAVED E. RUBIEN	Vice-President Name PAULA R. RUBIEN		
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD		
City SAUNDERSTOWN	State R.I.	Zip 02874	City SAUNDERSTOWN
State R.I.	Zip 02874	State R.I.	Zip 02874
Secretary Name PAULA R. RUBIEN	Treasurer Name DAVED E. RUBIEN		
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD		
City SAUNDERSTOWN	State R.I.	Zip 02874	City SAUNDERSTOWN
State R.I.	Zip 02874	State RI	Zip 02874

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

Director Name DAVED E. RUBIEN, PRES	Director Name PAULA R. RUBIEN, VICE PRES		
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN
State RI	Zip 02874	State RI	Zip 02874
Director Name	Director Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	State	Zip

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
	500		No PAR VALUE

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
 MAY 23 2016
 1382 DS

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: DAVED E. RUBIEN PRES Date: 6/9/16
 Print or Type Name of Authorized Representative: DAVED E. RUBIEN PRES
PRESIDENT