



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>5730</u>		2. Exact name of the Corporation <u>D + H + INC</u>	
3. Principal Office Address <u>210 Coddington Highway</u>		City <u>Middletown</u>	State <u>RI</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Restaurant / Brew pub</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses)			
President Name <u>William S. Christy</u>		Vice-President Name <u>Same</u>	
Street Address <u>7 Columbia Rd</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
Secretary Name <u>Helen Christy</u>		Treasurer Name <u>Same</u>	
Street Address <u>39 Ward Ave</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
8. List ALL directors (names and addresses)			
Director Name <u>Dino W. Christy</u>		Director Name <u>Same</u>	
Street Address <u>39 Ward Ave</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
Director Name <u>Same</u>		Director Name <u>Same</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. <u>100 No PAR VALUE</u>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> NUMBER OF SHARES <u>100</u> CLASS/SERIES <u>Common</u> PAR VALUE <u>No Par</u>	
11. 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. 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.			
Name of Authorized Representative <u>Helen Christy</u>		Date <u>FILED 1/17</u>	
Signature of Authorized Representative <u>Helen Christy, Sec.</u>		SIGN DOCUMENTED <u>FILED</u>	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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