



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 24 PM 1:05

1. Entity ID Number 87196		2. Exact name of the Corporation D & P Realty, Inc.									
3. Principal Office Address 715 PUTNAM PIKE			City GREENVILLE	State RI	Zip 02828						
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE A GENERAL PARTNERSHIP										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Peter J. Sangermano, Jr.			Vice-President Name Diane Sangermano								
Street Address 715 PUTNAM PIKE			Street Address 715 PUTNAM PIKE								
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828						
Secretary Name Peter J. Sangermano, Jr.			Treasurer Name Diane Sangermano								
Street Address 715 PUTNAM PIKE			Street Address 715 PUTNAM PIKE								
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Peter J. Sangermano, Jr.			Director Name Diane Sangermano								
Street Address 715 PUTNAM PIKE			Street Address 715 PUTNAM PIKE								
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200	Common	No Par									
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 Peter J. Sangermano, Jr.				Date 2-2-17							
Signature of Authorized Representative											

FILED
 MAR 24 2017
 BY **299144**
A.A.

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov