

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	.00 fee if form is n	ot filed by April 1,					
1. Entity ID Number 000005860		2. Exact name of the Corporation D & R REALTY, INC.					
3. Principal Office Address 400 MAIN STREET			City PASCOAG	<u> </u>	State RI	Zip 02859	
4. NAICS Code  53 110  5. State of Incorporation RHODE ISLAND		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE					
7. List ALL officers (names an President Name DENNIS B KE	Check the box to indicate an attachment  Vice-President Name						
Street Address 300 CHAPEL S	Street Address						
City HARRISVILLE	State RI	<sup>Zip</sup> 02830	City		State	Zip	
Secretary Name				Treasurer Name RUSSELL KEABLE			
Street Address			Street Address 808 EAGLE PEAK ROAD				
City	State	Zip	City PASCOAG		State RI	<sup>Zip</sup> 02859	
8. List ALL directors (names and addresses)  Director Name  DENNIS B KEABLE  Street Address  300 CHAPEL STREET			Check the box to indicate an attachment  Director Name RUSSELL KEABLE   Street Address 808 EAGLE PEAK ROAD				
City HARRISVILLE	State RI	Zip 02830	City PASCOAG		State RI Zip 02859		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the		10. Shares Iss		Check the box to indicate an attachment			
Department of State. Changes require an additional filing.		200	IF SHAKES	COMMON NO		NO PAR VALUE	
			_				
<ol> <li>This report must be executrustee, this report must be ex</li> </ol>	recuted on behalf o	f the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I o statements, and that all stat	tements contained	that I have examin I herein are true ar	ned this report, and correct.	including any accor	mpanying s	chedules and	
Name of Authorized Represer  DENNIS B KEABLE	• •	•	Date	19/18			
Signature of Authorized Repre	esentative /	AL SIGN DO	CUMENTHER	ILED			
MAIL TO:	<u>-</u>	<u>-</u>	ΙΔΙ	N 2 2 2018 OZ		·	

**Division of Business Services** 

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