



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

FILED

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 not filed by April 1.

FEB 01 2018

BY 718

1. Entity ID Number 552192		2. Exact name of the Corporation Dolly D, Inc.			
3. Principal Office Address 3261 Olde Hampton Drive			City Wellington	State FL	Zip 33414
4. NAICS Code 523110		6. Brief description of the character of business conducted in Rhode Island Investment Purposes			
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 Dawn DeRentiis			Vice-President Name		
Street Address 3261 Olde Hampton Drive			Street Address		
City Wellington	State FL	Zip 33414	City	State	Zip
Secretary Name Dawn DeRentiis			Treasurer Name Dawn DeRentiis		
Street Address 3261 Olde Hampton Drive			Street Address 3261 Olde Hampton Drive		
City Wellington	State FL	Zip 33414	City Wellington	State FL	Zip 33414
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dawn DeRentiis			Director Name		
Street Address 3261 Olde Hampton Drive			Street Address		
City Wellington	State FL	Zip 33414	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	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 Dawn DeRentiis					Date 1/24/18
Signature of Authorized Representative <i>Dawn DeRentiis</i>					

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

FORM 630 - Revised: 10/2017