

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

WM FEB 0 9 2018

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→ Penalty: Additional \$25.00 fee if form is not filed by April 1.					BY 14300		
1. Entity ID Number 1669593		2. Exact name of the Corporation DAOU REALTY MANAGEMENT, INC.					
3. Principal Office Address			City		State	Zip	
One Wayland Avenue, Unit 101 North			Providence	•	RI	02906	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business of	conducted in Rhode	Island	* * * * * * * * * * * * * * * * * * * *	
53 11 10	Real estate	Real estate management.					
5. State of Incorporation Rhode Island							
7 List ALL officers (names a	nd addrospes)			Chast	the boy to	ndicate as attachment	
7. List ALL officers (names and addresses) President Name Georges H. Daou			Check the box to indicate an attachment Vice-President Name				
Georges n. i	naon						
Street Address One Wayland	Street Address						
City Providence	State RI	Z ₁ p 02906	City State Zip			Zip	
Secretary Name Georges H. Daou			Treasurer Name Georges H. Daou				
Street Address One Wayland	Street Address One Wayland Avenue, Unit 101 North						
City Providence	State RI	^{Zip} 02906	City Providence St		State RI	Zip 02906	
8. List ALL directors (names	and addresses)			Check	k the box to	indicate an attachment	
Director Name	-		Director Name	;			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
City	State	الحال	City		State	المال	
Director Name		•	Director Name	9			
Street Address	Street Address						
				_			
City	State	Zip	City		State	Zıp	
9. Shares Authorized	·	10. Shares Iss		Check	the box to	indicate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER 0	NUMBER OF SHARES		E S	PAR VALUE	
		100	100			No Par Value	
Changes require an additiona	I filing.		·· - ·				
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	I sentative. If the corp	oration is in	the hands of a receiver or	
trustee, this report must be a							
Under penalty of perjury, I				including any acco	mpanying s	schedules and	
statements, and that all sta Name of Authorized Represe	etements contained	l herein are true ar	nd correct.		Date		
Georges H. Daou	J. N. G. IV.				10	8/68	
Signature of Authorized Rep	resentative	Caryle. D	Disprace	9E:8 HV 6	.019 FEB -	3	

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