



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 not filed by April 1.

1. Entity ID Number 1335403		2. Exact name of the Corporation D. N. Van Lines, Inc.			
3. Principal Office Address 269 Mechanic Street			City Marlborough	State MA	Zip 01752
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Moving and storage company providing relocations to the general public, corporations and the Military (DoD) <i>484210</i>			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Oded Carmi			Vice-President Name Oded Carmi		
Street Address 25 Phillips Street			Street Address 25 Phillips Street		
City Boston	State MA	Zip 02114	City Boston	State MA	Zip 02114
Secretary Name Oded Carmi			Treasurer Name Oded Carmi		
Street Address 25 Phillips Street			Street Address 25 Phillips Street		
City Boston	State MA	Zip 02114	City Boston	State MA	Zip 02114
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Oded Carmi			Director Name		
Street Address 25 Phillips Street			Street Address		
City Boston	State MA	Zip 02114	City	State	Zip
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 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
			200,000	Common	no par value
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 Oded Carmi					Date <i>2/11/18</i>
Signature of Authorized Representative <i>[Signature]</i>					
SIGN DOCUMENT HERE					FILED

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

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FORM 630 - Revised: 10/2016