



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY

26855

oot

1. Entity ID Number 5730		2. Exact name of the Corporation D + H + INC	
3. Principal Office Address 210 Coddington Highway		City Middletown	State RI
		Zip 02842	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant / Brew pub	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name William S. Christy		Vice-President Name Same	
Street Address 7 Columbia Rd		Street Address	
City Middletown	State RI	City	State Zip
Secretary Name Helen Christy		Treasurer Name Same	
Street Address 39 Ward Ave		Street Address	
City Middletown	State RI	City	State Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Dennis W. Christy		Director Name	
Street Address 39 Ward Ave		Street Address	
City Middletown	State RI	City	State Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. 100 No PAR VALUE		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 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 Helen Christy		Date	
Signature of Authorized Representative Helen Christy, Sec		SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Toll-free: 1-800-841-9213  
Website: www.sos.ri.gov

FORM 839 - Revised 10/2016