



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.

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STATE
CORPORATIONS DIV
2018 MAR 12 PM 12:16

1. Entity ID Number <u>137576</u>		2. Exact name of the Corporation <u>DAK Properties Inc</u>	
3. Principal Office Address <u>416 Avondale Road</u>		City <u>Westbury</u>	State <u>RI</u>
Zip <u>02891</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Holdings</u>	
5. State of Incorporation <u>Rhode Island</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Holdings</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Daniel A. King</u>		Vice-President Name	
Street Address <u>416 Avondale Road</u>		Street Address	
City <u>Westbury</u>	State <u>RI</u>	Zip <u>02891</u>	
Secretary Name		Treasurer Name <u>Daniel A. King</u>	
Street Address		Street Address <u>416 Avondale Road</u>	
City	State	Zip	
City <u>Westbury</u>		State <u>RI</u>	Zip <u>02891</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>2,000 -</u>	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE <u>No Par Value</u>	
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 <u>Daniel A. King</u>		Date <u>3-9-18</u>	
Signature of Authorized Representative		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: 10/2017