



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
MAR 12 2018  
STAMP  
2018 MAR 12 12:19:00 PM

1. Entity ID Number <u>137570</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. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Holdings</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	
		<u>Westbury</u>	<u>RI</u>
		<u>02891</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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	

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

MAR 12 2018

BY 326405

A.A-12:19pm.

FORM 630 - Revised: 10/2017