RI SOS Filing Number: 201860804540 Date: 3/22/2018 4:00:00 PM

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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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FILED	_

MAR 2 2 2018

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1, Entity ID Number		2. Exact name of the Corporation						
000057541	R & L Dir	ner, Inc.						
3. Principal Office Address			City		State	Zip		
105 Franklin Street			Westerly		RI	02891		
4. NAICS Code	6. Brief descr	ription of the charac	cter of business of	conducted in Rhode I	Island			
531210	ownership a	ownership and operation of a real estate brokerage and listing business, the sale, rental and						
State of Incorporation	managemei	management of real estate						
Rhode Island	į							
7. List ALL officers (names ar	nd addresses)			Check	the box to	ndicate an attachment 🔲		
President Name Raymond L. Flynn			Vice-President Name Linda L.Flynn					
Street Address 105 Franklin Street			Street Address 105 Franklin Street					
City Westerly	State RI	^{Zip} 02891	City Westerf	terly		^{Zip} 02891		
Secretary Name Linda L. Flynn			Treasurer Name Raymond L. Flynn					
Street Address 105 Franklin Street		Street Address 105 Franklin Street						
City Westerly	State RI	^{Zip} 02891	City Westerly		State RI	^{Zip} 02891		
8. List ALL directors (names	and addresses)			Check	the box to i	ndicate an attachment 🔲		
Director Name Raymond L. F	lynn		Director Name	Linda L. Flynn				
Street Address 105 Franklin Street			Street Address 105 Franklin Street					
City Westerly	State RI	Zip 02891	City Westeri	у	State RI	^{Zip} 02891		
Director Name	<u> </u>	1	Director Name	?				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
					1			
9. Shares Authorized	d moord in the	10. Shares Iss						
This information is currently of record in the Department of State.		500		Common	. <u> </u>	No Par Value		
Changes require an additional	filing.							
11. This report must be execu	uted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in	the hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tr	ruste <u>e</u>				
Under penalty of perjury, I				including any accor	mpanying s	chedules and		
statements, and that all sta		herein are true ar	na correct.		Date			
Name of Authorized Represe Raymond L. Flynn			3/18/18					
Signature of Authorized Repr	resentative	\$15 V 00	HOUMENT HERT					

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov