



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.

RECEIVED
SECRETARY OF
CORPORATIONS
2018 SEP 26 PM 1:49

1. Entity ID Number 000113595		2. Exact name of the Corporation DMR ENTERPRISES INC			
3. Principal Office Address 32 Branch Ave			City Providence	State RI	Zip 02904
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE CLASS A			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID IANNAZZI			Vice-President Name MICHAEL IANNAZZI		
Street Address 72 Belvidere BLVD			Street Address 75 WALDEN WAY		
City North Providence	State RI	Zip 02911	City Crawston	State RI	Zip 02921
Secretary Name DAVID IANNAZZI			Treasurer Name DAVID IANNAZZI		
Street Address 72 Belvidere BLVD			Street Address 72 Belvidere BLVD		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID IANNAZZI			Director Name MICHAEL IANNAZZI		
Street Address 72 Belvidere BLVD			Street Address 75 WALDEN WAY		
City North Providence	State RI	Zip 02911	City Crawston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1000			10. Shares Issued 600 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			600	Common	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 DAVID IANNAZZI					Date 9/25/18
Signature of Authorized Representative <i>David Iannazzi</i>					

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

FILED
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BY [Signature] 1:49