



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2017  
 Corporation

2018 OCT -1 PM 12: 50

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

1. Entity ID Number <u>1164528</u>		2. Exact name of the Corporation <u>DADA Services Inc.</u>										
3. Principal Office Address <u>116 Indiana Ave Flare</u>		City <u>Prvi</u>	State <u>RI</u>									
		Zip <u>02905</u>										
4. NAICS Code <u>236118</u>	6. Brief description of the character of business conducted in Rhode Island <u>Construction / Interior Remodeling</u>											
5. State of Incorporation <u>RI</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>Michael P. Gil</u>		Vice-President Name										
Street Address <u>116 Indiana Ave 1st Flare</u>		Street Address										
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
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		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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 20%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>0</u></td> <td></td> <td style="text-align: center;"><u>0.01</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>		<u>0.01</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>0</u>		<u>0.01</u>										
Changes require an additional filing.												
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>Michael P. Gil</u>		Date <u>10/1/18</u>										
Signature of Authorized Representative <u>[Signature]</u>		FILED OCT 01 2018 BY <u>3724Z</u> A.A. 12:51 PM										

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