



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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 STATE
CORPORATIONS DIV

2019 JAN 25 PM 2:11

1. Entity ID Number 000095945		2. Exact name of the Corporation DLR Dimensions, Inc.			
3. Principal Office Address 612 Greenwich Avenue			City Warwick	State RI	Zip 02886
4. NAICS Code 541340		6. Brief description of the character of business conducted in Rhode Island residential design and consulting			
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 R. Rignanesse			Vice-President Name David R. Rignanesse		
Street Address 310 Narragansett Parkway			Street Address 310 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name David R. Rignanesse			Treasurer Name David R. Rignanesse		
Street Address 310 Narragansett Parkway			Street Address 310 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NONE		
			NONE		
			NONE		
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 R. Rignanesse					Date 1-15-2019
Signature of Authorized Representative 					

SIGN AND FILE WITH RI

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

JAN 25 2019

BY Ch CK# 6646

FORM 630 - Revised: 10/2017