



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.

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 JAN 25 PM 2:11

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

SIGN AND FILE WITH ME

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. Clerk # 6646

FORM 630 - Revised: 10/2017