



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.

SOS RI

1. Entity ID Number 6763		2. Exact name of the Corporation DE-MAL ASSOCIATES, INC.			
3. Principal Office Address 292 Aqueduct Road			City Cranston	State RI	Zip 02910
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Investing in apartment houses as owner and leasing apartments therein			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory M. Demetrakas			Vice-President Name Gregory M. Demetrakas		
Street Address 81 Silver Beech Road			Street Address 81 Silver Beech Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Gregory M. Demetrakas			Treasurer Name Gregory M. Demetrakas		
Street Address 81 Silver Beech Road			Street Address 81 Silver Beech Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory M. Demetrakas			Director Name NONE		
Street Address 81 Silver Beech Road			Street Address		
City Tiverton	State RI	Zip 02878	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		
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 Gregory M. Demetrakas					Date 1/25/19
Signature of Authorized Representative 					

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 28 2019

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FORM 630 - Revised: 10/2017