



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.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 1013479		2. Exact name of the Corporation Derby Properties, Inc.			
3. Principal Office Address 1395 Atwood Avenue, Suite 209C			City Johnston	State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred W. D'Aguanno, Jr.			Vice-President Name		
Street Address 1395 Atwood Ave., Suite 209C			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Alfred W. D'Aguanno, Jr.			Treasurer Name Alfred W. D'Aguanno		
Street Address 1395 Atwood Ave., Suite 209C			Street Address 1395 Atwood Ave., Suite 209C		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred W. D'Aguanno, Jr.			Director Name		
Street Address 1395 Atwood Ave., Suite 209C			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
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
		100		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. <i>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.</i>					
Name of Authorized Representative Alfred D'Aguanno Jr.					Date 1/29/19
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

JAN 31 2019

BY

11049

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