



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.

1. Entity ID Number 6097		2. Exact name of the Corporation DA PAUL REALTY CORPORATION			
3. Principal Office Address 2 WOODSIA ROAD		City SAUNDERSTOWN		State RT	Zip 02874
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVE DE RUBIEN			Vice-President Name PAULA R RUBIEN		
Street Address 2 WOODSIA RD			Street Address 2 WOODSIA RD		
City SAUNDERSTOWN	State RT	Zip 02874	City SAUNDERSTOWN	State R-I	Zip 02874
Secretary Name PAULA R RUBIEN			Treasurer Name DAVE DE RUBIEN		
Street Address AS ABOVE			Street Address 2 WOODSIA RD		
City SAUNDERSTOWN	State RT	Zip 02874	City SAUNDERSTOWN	State R-I	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			500		NO 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 DAVE DE RUBIEN PRES.				Date 2/14/19	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

FILED

FEB 14 2019

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