



State of Rhode Island and Providence Plantations


Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1. **50.00**RECEIVED
SECRETARY OF STATE
CORPORATION DIV
2019 MAY 31 AM 12:31

1. Entity ID Number 82043		2. Exact name of the Corporation D.S.F. REALTY LTD			
3. Principal Office Address 140 HORSE NECK ROAD			City WARWICK	State RI	Zip 02886
4. NAICS Code 531110		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 DOUGLAS FOREMAN			Vice-President Name		
Street Address 140 HORSENECK ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name ROSALYN FOREMAN			Treasurer Name		
Street Address 140 HORSENECK ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	CNP	0
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 DOUGLAS FOREMAN					Date 5/15/2019
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

FILED

JUN 14 2019

BY CA 5HMR

FORM 630 - Revised: 10/2017