RI SOS Filing Number: 201917869050 Date: 9/6/2019 12:14:00 PM

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State of Rhode Island and Providence Plantations Department of State - Business Services Division						2019	ج	
Annual Report for the year:							22 7	
Corporation	ar:	10				<u> </u>	Σ	
→ Filing period: January 1 - M	arch 1					-	-i -:	
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 						, o	7. 7.	
Entity ID Number	2. Exact name of						DIN NIN	
979637	DePas		39401e	Ventures,	Inc	0	ų	
3. Principal Office Address City					State	Zip	┥	
		truet		vidence	RI	0290)9	
4 NAICS Code U93110	6. Brief description	in of the character	of business c	onducted in Rhode Isla	and Just	7		
5. State of Incorporation	193110 Distribution & Paper Scools + Products State of Incorporation							
RI							ł	
7. List ALL officers (names and add President Name	resses)		Non Desident	Check th	e box to inc	dicate an attachment	口	
Theresa Meresi			Vice-President Name					
Street Address 18 Piedwo	out st		Street Address					
City	State	Zip 22 09	City		State	Zip	\dashv	
Secretary Name	1 101	02909	Treasurer Name					
Street Address			Street Address					
			Joileet Audiess					
City	State	Zıp	City		State	Zip	コ	
B. List ALL directors (names and addresses) Director Name					ne box to in	dicate an attachment		
			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip	$\overline{}$	
Oirector Name		<u>. </u>	Director Name		<u> </u>		긕	
Street Address			Street Address					
City	State	Zip	City		State	Zip	 [
9. Shares Authorized		10. Shares Issue	<u>.d</u>	Charlet	la hay ta ia		ᆜ	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES		te box to in	dicate an attachment		
		D,000)				ļ	
			· -					
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								
Name of Authorized Regresentative								
Signature of Authorized Representative				anna a gardana		9/6/19		
Signature of Authorized Representative								
Theesa Meer SEP 06 2019								
			-	W				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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