RI SOS Filing	Number: 201	930830420	Date: 12	/30/2019 2:40:00	) PM	
State of Rhode Island and Department of Sta	vision SCORPORATIONS DIV					
Annual Report for the ye Corporation		2815 DEC 30 PM 2: 38				
<ul> <li>→ Filing period: January 1 - N</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul>		ed by April 1.		201	DEC 30	PM 2: 30
1. Entity ID Number 000104305	2. Exact name of DAN A		Inc.			
3. Principal Office Address  71 SPRING  4. NAICS Code	AVENU			rington	State	2ip 02806
5. State of Incorporation	6. Brief description	on of the character  Supp	of business of	onducted in Rhode Isla Q.POJ K	and	
7. List ALL officers (names and add	dresses)		,	Check th	e box to indic	ate an attachment
President Name, Nathan Dansereau Street Address			Vice-President Name Aguiar			
L7L GPRING	Avenu	T	Street Address	murray		nue
city Barrington	State	21p 0 2806	City Rive		State	182915
Secretary Name  Ethan Danser eau  Street Address  Main Street			Treasurer Name Nathan DansoreqV Street Address			
city Warren	State PT	Zip 6287	City		State	Zip
8. List ALL directors (names and a	ddresses)		1		ne box to indic	ate an attachment
Director Name			Director Name	•		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		<del></del>
City	State	Zip	City		State	Zip
Director Name	<del></del>	· <del></del>	Director Name	!	<del></del>	
Street Address			Street Address			
City	State	Zıp	City		State	Zip
9. Shares Authorized	, d	10. Shares Issue		Check th	ne box to indic	ate an attachment L
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		100				<u> </u>
11. This report must be executed of	on behalf of the cor	poration by an aut	thorized repre	sentative. If the corpora	ation is in the	hands of a receiver o
trustee, this report must be execut Under penalty of perjury, I decla	ed on behalf of the	corporation by the	e receiver or to	rustee. Including any accom-	nanvina scho	dules and
statements, and that all stateme	<u>nts contained</u> hei	rein are true and	correct.	g any accomp	<u>,                                      </u>	ouics and
Name of Authorized Representative  Jeannine dangereau					Date	30-19
Signature of Authorized Represent			·	<del></del>	101	

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

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BY CM X 2.4C3

FORM 630 - Revised: 02/2017

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