



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV

2020 FEB 25 A 10:01 AM

Annual Report for the year: 2020

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 000072576		2. Exact name of the Corporation Dean Properties, Inc.			
3. Principal Office Address 700 Benefit Street			City Pawtucket	State RI	Zip 02861
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To own and operate a bar and lounge			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph P. Deangelis			Vice-President Name Nancy Deangelis		
Street Address 700 Benefit Street			Street Address 700 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Joseph P. Deangelis			Treasurer Name Nancy Deangelis		
Street Address 700 Benefit Street			Street Address 700 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph P. Deangelis			Director Name Nancy Deangelis		
Street Address 700 Benefit Street			Street Address 700 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
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		
			100	Common	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 Joseph P. Deangelis				Date 1/15/2020	
Signature of Authorized Representative <i>Joseph P. Deangelis</i>					

SIGNATURE FILED

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 25 2020

BY *Ch. Ch. 4097*
10:01

FORM 630 - Revised: 10/2017