



State of Rhode Island

## Department of State - Business Services Division

**Annual Report for the year:** 2016  
**Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 OCT -5 PM 1:10

1. Entity ID Number 138866		2. Exact name of the Corporation DASCO INTERACTIVE INC.			
3. Principal Office Address 3 STAGECOACH ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 519130		6. Brief description of the character of business conducted in Rhode Island WEBSITE DEVELOPMENT AND MANAGEMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DEREK SANTOS			Vice-President Name		
Street Address 3 STAGECOACH ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 0	CLASS/STRIKES COMMON	PAR VALUE 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 DEREK SANTOS				Date 10/2/2020	
Signature of Authorized Representative					

FILED

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