RI SOS Filing Number: 202188258460 Date: 1/27/2021 9:20:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP: RECEIVED STATE DEPT OF BUS SVCS DIV 2021 JAN 27 AM 9:

1. Entity ID Number	2. Exact name of the Corporation		
001686995	D & N Properties, Inc.		
3. Principal Office Address: 25 Leonard Drive	City: Cranston	State: RI	Zip: 02920
4. NAICS Code: 531110	6. Brief description of the character of business conducted in Rhode Island: To buy, sell, lease, manage real estate		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David H. Card			Vice-President Name: Noel R. Abi-Kharma		
Street Address: 25 Leonard Drive			Street Address: 3 Kilburn Street		
City: Cranston	State: RI	Zip: 02920	City: Cumberland	State: RI	Zip: 02864
Secretary Name: David H. Card			Treasurer Name: Noel R. Abi-Kharma		
Street Address: 25 Leonard Drive			Street Address: 3 Kilburn Street		
City: Cranston	State: RI	Zip: 02920	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	No Par

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	Date
David H. Card	1/15/2021

Signature of Authorized Representative

FILED

JAN 27 2021
BY DGH 56
A.A. 9:20 AM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020