



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 05 2021

BY 16307
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- 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 <u>5994</u>		2. Exact name of the Corporation <u>DAMBRA REALTY CORP</u>			
3. Principal Office Address <u>1481 WAMPANOAG TRAIL</u>		City <u>E. PROVIDENCE</u>		State <u>RI</u>	Zip <u>02915</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE, BUILDER, DEVELOPER</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>GARY DAMBRA</u>			Vice-President Name <u>MICHAEL DAMBRA</u>		
Street Address <u>10 OYSTER SHELL LANE</u>			Street Address <u>12 SHELDON ST</u>		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>PAULA DAMBRA</u>			Treasurer Name <u>GARY DAMBRA</u>		
Street Address <u>10 OYSTER SHELL LANE</u>			Street Address <u>SAME</u>		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>GARY DAMBRA</u>			Director Name <u>PAULA DAMBRA</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
Director Name <u> </u>			Director Name <u> </u>		
Street Address <u> </u>			Street Address <u> </u>		
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		PAR VALUE
			<u>200</u>	<u>COMM</u>	<u>NONE</u>
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 <u>GARY DAMBRA</u>				Date <u>2-1-21</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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