RI SOS Filing Number: 202193560420 Date: 3/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

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1. Entity ID Number	2. Exact name of the Corporation			
001684130	DTS IMPROVEMENTS INC			
3. Principal Office Address		City	State	Zip
20 OAKRIDGE DRIVE		CRANSTON	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238300	CONSTRUCTION			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
DAVID SANTOS			DAVID SANTOS		
Street Address			Street Address		
20 OAKRIDGE DR			20 OAKRIDGE DR		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921
Secretary Name			**Treasurer Name**		
DAVID SANTOS			DAVID SANTOS		
Street Address			Street Address		
20 OAKRIDGE DR			20 OAKRIDGE DR		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921

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
100		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: DAVID SANTOS

Date: 2-28-21

Signature of Authorized Representative: David Santos

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