State of Rhode Island and Providence Plantations

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 19 A 11:24

1. Entity ID Number	2. Exact name of the Corporation
000072576	Dean Properties, Inc.

3. Principal Office Address	City	State	Zip
700 Benefit Street	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	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 ☐

President Name	Vice-President Name
Joseph P. Deangelis	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 ☐

Director Name	Director Name
Joseph P. Deangelis	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

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	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	Date
Joseph P. Deangelis	JAN 19, 2021

Signature of Authorized Representative: Joseph P. Deangelis — SIGN DOCUMENT HERE

FILED

MAR 19 2021

BY CH CAH 4196

11:24

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: 10/2017