



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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|--|---|---|---------------------|
| 1. Entry ID Number 000061772 | | 2. Exact name of the Corporation D.E.R. Realty Corp. | |
| 3. Principal Office Address 23 Powel Avenue Suite 3 | | City Newport | State RI |
| | | Zip 02840 | |
| 4. NAICS Code 531110 | 6. Brief description of the character of business conducted in Rhode Island Residential and Commercial Real Estate Ownership and Rentals | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Ethan Andrew Blumen | | Vice-President Name Dale G. Blumen | |
| Street Address 1881 Bay Road | | Street Address 23 Powel Avenue | |
| City Sharon Sharon | State MA | City Newport | State RI |
| Zip 02067 | | Zip 02840 | |
| Secretary Name Dale G. Blumen | | Treasurer Name Ethan Andrew Blumen | |
| Street Address 23 Powel Avenue | | Street Address 1881 Bay Road | |
| City Newport | State RI | City Sharon | State MA |
| Zip 02840 | | Zip 02067 | |
| 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 | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES 20.00 | CLASS/SERIES CNP |
| | | PAR VALUE \$0.0000 | |
| 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 Dale G. Blumen | | Date May 16, 2023 | |
| Signature of Authorized Representative <i>Dale G. Blumen</i> | | | |