RI SOS Filing Number: 202449414620 Date: 3/22/2024 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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FOR

Annual Report for the year: 2024
Corporation

→ 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	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	Street Address	City	State	Zip
Joseph P. Deangelis	700 Benefit Street	Pawtucket	RI	02861

Vice-President Name	Street Address	City	State	Zip
Nancy Deangelis	700 Benefit Street	Pawtucket	RI	02861

Secretary Name	Street Address	City	State	Zip
Joseph P. Deangelis	700 Benefit Street	Pawtucket	RI	02861

Treasurer Name	Street Address	City	State	Zip
Nancy Deangelis	700 Benefit Street	Pawtucket	RI	02861

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

Director Name	Street Address	City	State	Zip
Joseph P. Deangelis	700 Benefit Street	Pawtucket	RI	02861

Director Name	Street Address	City	State	Zip
Nancy Deangelis	700 Benefit Street	Pawtucket	RI	02861

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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	2/16/2024

Signature of Authorized Representative: Joseph P. Deangelis

SIGN DOCUMENT HERE: FILED MAR 22 2024

BY: ML 4529

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