RI SOS Filing Number: 202455605740 Date: 6/10/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division								
Annual Report for the year:				JUN 1 0 2024				
Corporation ————————————————————————————————————				70760				
Filing Fee: \$50.00				<del>/</del> () /() <del>\</del>				
→ Penalty: Additional \$25.00		ı						
1. Entity ID Number	2. Exact name of the Corporation							
6097	DAPAUL REALTY CORPERATION							
3. Principal Office Address								
235 YAWAG	o MALLEY	Z.	Fx	CTER	17	エ	02822	
4. NAICS Code	6. Brief descripti	on of the characte	r of busines	is conducted in Rhode Isl	1			
	<u> </u>							
5. State of Incorporation								
7. I								
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment  Vice-President Name				
DAVEO E. RUBIEM				FRULA RUBIEN				
Street Address			I Street Address					
235 Y RWGOO VELLAY RA  City State Zip  EXETER RE ORB22			City State Zip					
City	State	Zip ORB22	City	ETER	State		Zip	
Secretary Name	1 12 1	00022	Treasurer N	<del></del>	14	<u> </u>	01882	
Country Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name			Director Na	me				
Street Address			Street Address					
City	State	Žip	City	· · · · · · · · · · · · · · · · · · ·	State		Zip	
	<u> </u>							
Director Name			Director Name					
Street Address				Street Address				
City I Comp		Ta.						
City	State	Zip	City		State		Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	d d	Check the bo	x to Indic	ale an att	achment 🗀	
This information is currently of recoi	rd in the	NUMBER OF SE		CLASS/SERIES	× 10 11010		PAR VALUE	
Department of State.		500			1.			
Changes require an additional filing.		300	· · · · · · ·		<del> </del> 2	No FOR	VALVE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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				
DAVEDE RUBIEM				6 /3/24				
Signature of Authorized Representative								
MAIL TO:								

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov