


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000007119 1. Entity Name DGS RETAIL, INC.	
--	---

Principal Place of Business 21 INDUSTRIAL RD WALPOLE, MA 02081	Mailing Address 21 INDUSTRIAL RD WALPOLE, MA 02081
--	--

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2666418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

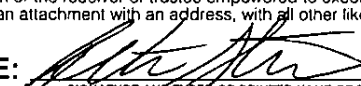
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGT, THOMAS 21 INDUSTRIAL RD WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVENS, PETER 21 INDUSTRIAL RD WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STEVENS, CRAIG 21 INDUSTRIAL RD WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, TOM 21 INDUSTRIAL RD WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SALEM, PAUL OFFICE 50, KENNEDY PLAZA, 18TH FLOOR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, JOHN 180 BARSTOW LANE TOLLAND, CT 06084

U00000677595
03/30/07-80109-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Peter Stevens** **3-23-07** **508-660-1886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #