

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact name of the limited liability company						
154017	D+P Real Estate Advisors LLC						
3. State of Formation		4. Brief description of the	character of the business whic	ch is actually conducted in Rhode Island	I		
RHODE ISLAND		REAL ESTATE DE	/ELOPMENT ADVISORY	FIRM			
5. Principal office address			City	State		Zip	
56 HILUSIDE AVE				PROVIDENCE	121		02906
6. MAILING ADDRE			OMPANY AND NAME	CHATTELE OF CONTACT PERS	ONE	the contract of	•
Contact Name				Contact Title			
JORDAN DURHAM				MANAGER City State Zip PROVIDENCE R1 02906			
Street Address				City	State		Zip
56 HILLSIDE AVE				PROVIDENCE	1 R1		02906
7. NAME AND ADDE	ESS OF	EACH MANAGER O		LITY COMPANY, IF APPLICAB	E DO N	OT LIST	MEMBERS
the section of the se	Approximately and the second	FILL IN SPACE	Before USING ATTA	CHMENTS (X BOX FOR ATT	ACHMENT)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Manager Name				Manager Name			
JORDAN M. DURHAM							
Street Address				Street Address			
SIGHTLLSIDE AVE City State Zip PROVIDENCE RI 02906							
City	_	State	Zip	City	State		Zip
MOUIDENCE	5	RI	02906				
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State		Zip
				L. S. 1. No. 1. No. 10.5 https://doi.org/10.510/00000000000000000000000000000000]		
	IN RHO	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 .]	R.I.G.L. 7-1	6-11	
Agent Name				Address			
JORDAN M. DURHAM			·				
Address				City		Zip	
56 HILLSIDE AVENUE				PROVIDENCE		02906-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Plu DateFILED	
Check No. SED A 2007	
996	W
FOR SECRETARY OF STA	E USE ONLY

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.

Signature of Authorized Person

8.29.07 Date

JORDAN M. DURHAM

Print or Type Name of Authorized Person