



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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. <b>130281</b>		2. Exact name of the limited liability company <b>D &amp; L Properties, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Property Management</b>	
5. Principal office address <b>91-103 Duke Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>David Mastracchio</b>		Contact Title <b>Member</b>	
Street Address <b>103 Duke Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>Laura Mastracchio</b>		Address	
Address <b>103 Duke Street</b>		City <b>East Greenwich</b>	Zip <b>02818</b>

**FILED**

**SEP 18 2007 11:38**

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

Rv Eme  
CK 1079  
37107

**130281**

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.

*David Mastracchio* **9-17-07**  
Signature of Authorized Person Date

**David Mastracchio**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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