



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
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 125824		2. Exact name of the limited liability company DMF Realty LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island own, operate, finance, acquire, sell and maintain real and personal property	
5. Principal office address 2545 South County Trail		City East Greenwich	State RI
			Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael J. Flood		Contact Title	
Street Address 2545 South County Trail		City East Greenwich	State RI
			Zip 02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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 Gary R. Pannone, Esq.		Address	
Address One Financial Plaza, Suite 1800		City Providence	Zip 02903

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

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.

Michael Flood 9/11/07
Signature of Authorized Person Date

Michael J. Flood

Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 14 2007
By	39456
FOR SECRETARY OF STATE USE ONLY	