RI SOS Filing Number: 200703268990 Date: 10/29/2007 4:00 PM

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.	2. Exact name of the limited liability company
160663	D & B Custom Homes, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Massachusetts	Construction of Residential Real Estate

5. Principal office address	City	State	Zip
79 Holmes Road	North Attleboro	MA	02760

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Dennis R. Begin	Manager

Street Address	City	State	Zip
79 Holmes Road	North Attleboro	MA	02760

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) ☐

Manager Name	Manager Name
Dennis R. Begin	
Street Address	Street Address
79 Holmes Road	
City / State / Zip: North Attleboro / MA / 02760	City / State / Zip:
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip:	City / State / 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	Address	
John T. Gannon		
Address	City	Zip
727 Central Avenue	Pawtucket	02861

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

160663

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 *Date* 10/24/07

Dennis R. Begin
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 29 2007
By: By 1369
FOR SECRETARY OF STATE USE ONLY

16176-24-199753

Form 632 Rev. 07/07