



Office of the Secretary of State

110 W. KILL 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. 109230		2. Exact name of the limited liability company David, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1145 Main Street, Suite #3		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Stefania M. Mardo Contact Title: _____			
Street Address 1145 Main Street, Suite #3		City Pawtucket	State RI
		Zip 02860	
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 Stefania M. Mardo		Manager Name _____	
Street Address 1145 Main Street, Suite #3		Street Address _____	
City Pawtucket	State RI	City _____	State _____
Zip 02860	_____	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 ROBERT D. WIECK, ESQ.		Address MACADAMS & WIECK INCORPORATED	
Address 101 DYER STREET, SUITE 400		City PROVIDENCE	Zip 02903

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

FILED

File Date _____

Check No. **NOV 06 2007**

By: **3490**

FOR SECRETARY OF STATE 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.

Stefania M Mardo 10/31/07
Signature of Authorized Person Date

Stefania M. Mardo
Print or Type Name of Authorized Person