



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. 157303		2. Exact name of the limited liability company DiZoglio Investments LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real Estate Investments</i>			
5. Principal office address <i>96 Tupelo Hill Dr</i>		City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02920</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Robert DiZoglio</i>			Contact Title <i>OWNER</i>		
Street Address <i>96 Tupelo Hill Dr.</i>		City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02920</i>	
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 checked="" type="checkbox"/>					
Manager Name <i>Robert DiZoglio</i>			Manager Name		
Street Address <i>96 Tupelo Hill Dr.</i>			Street Address		
City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02920</i>	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 ROBERT DIZOGLIO			Address		
Address 96 TUPELO HILL DRIVE			City CRANSTON	Zip 02920-	

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.

FILED	
File Date	JAN 07 2008
Check No.	<i>3086 mme</i>
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

[Signature] 1/27/07
Signature of Authorized Person Date
ROBERT DIZOGLIO
Print of Type Name of Authorized Person