



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 2008

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. 238tn3 <i>164777</i>		2. Exact name of the limited liability company Dinsalda Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 322 Valley Street		City Providence	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Rosa Santos		Contact Title MANAGER	
Street Address 322 Valley Street		City Providence	State RI
		Zip 02908	
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"/>			
Manager Name Rosa Santos		Manager Name Rosa Santos	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PETER P. D'AMICO		Address 194 WATERMAN STREET	
Address		City PROVIDENCE	Zip 02906

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2008 SEP 17 PM 1:45

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

238tn3

File Date	FILED
Check No.	SEP 17 2008
By:	<i>ca 8428</i>
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.

Rosa Santos 9-16-08
 Signature of Authorized Person Date
 Rosa Santos
 Print or Type Name of Authorized Person