



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. 135104		2. Exact name of the limited liability company DC Leasing, 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 ownership, development, leasing and activities related thereto and any other lawful purpose.	
5. Principal office address 101 Comstock Parkway, Units 18 & 19		City Cranston	State Rhode Island
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Darren D. Cousins		Contact Title Manager	
Street Address 101 Comstock Parkway, Units 18 & 19		City Cranston	State Rhode Island
		Zip 02921	
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 Darren D. Cousins		Manager Name	
Street Address 71 Read Street		Street Address	
City East Providence	State Rhode Island	City	State
	Zip 02915		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 Michael S. Pezzullo, Esq.		Address	
Address 303 Jefferson Boulevard		City Warwick, Rhode Island	Zip 02888

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

135104

File Date	FILED
Check No.	SEP 26 2008
By:	By 4458
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.

Darren D. Cousins 09-20-2008
Signature of Authorized Person Date

Darren D. Cousins, Manager

Print or Type Name of Authorized Person