

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* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

	2. Exact name of the limited liability company						
1. ID No. 164957	D & K HOLDINGS						
3. State of Formation	4 Rrief describ	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	HOLD RE	AL ESTATE					
5. Principal office address			City	State RI	2ip 02885		
8 WILLIAMS AVE			WARREN	roomeenmaakkan promisel valenge valas			
202020000000000000000000000000000000000	SS OF LIMITED LIA	BILITY COMPANY AN		OR TITLE OF CONTACT PERSON: Contact Title			
Contact Name DAVID O'BRIEN			MEMBER	• *************************************			
Street Address			City	State	Zip		
8 WILLIAMS AVENUE			WARREN	RI	02885		
7 NAME AND ADD	RESS OF EACH MAN	AGER OF THE LIMIT	ed liability company, if a	PLICABLE - DO NOT	LIST MEMBERS		
	FILLIN	SPACES BEFORE US	ING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)			
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City	State	Zip	Сну	State			
8. RESIDENT AGEN	r in rhode islani						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

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

164957

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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.

9-18-08

Signature of Authorized Person

Date

LENNETH O'BR, EN

Print or Type Name of Authorized Person

Form 632 Rev. 08/08