



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\* • **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.

1. ID No. 132689		2. Exact name of the limited liability company DCA Architects / Planners, LLC	
3. State of Formation Connecticut		4. Brief description of the character of the business which is actually conducted in Rhode Island Architecture	
5. Principal office address 158 Danbury Road		City Ridgfield	State CT
		Zip 06877	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Peter T. Coffin		Contact Title Partner	
Street Address 158 Danbury Road		City Ridgfield	State CT
		Zip 06877	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Peter T. Coffin		Manager Name John M. Doyle	
Street Address 158 Danbury Road		Street Address 158 Danbury Road	
City Ridgfield	State CT	City Ridgfield	State CT
Zip 06877		Zip 06877	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
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 filed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

MAR 26 2009

By

**FILED**

MAR 26

File Date	By
Check No.	
By	
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.

Signature of Authorized Person  
Date 3/24/09  
Peter T. Coffin  
Print or Type Name of Authorized Person

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