



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. 116542		2. Exact name of the limited liability company DSB Enterprises, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding			
5. Principal office address 243 North Main Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel P. McKiernan, Esq.			Contact Title		
Street Address 243 North Main Street		City Providence	State RI	Zip 02903	
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 Daniel P. McKiernan		Manager Name Sean McKiernan			
Street Address 243 North Main Street		Street Address 218 Godfrey Rd East			
City Providence	State RI	Zip 02903	City Weston	State CT	Zip 06883
Manager Name Brendan McKiernan		Manager Name			
Street Address 157 Kinne Road		Street Address			
City Glastonbury	State CT	Zip 06033	City	State	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					

**FILED**

JUL 07 2009

By *[Signature]*

*29-93964*

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

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File Date \_\_\_\_\_  
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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.

*Daniel P. McKiernan* 7/6/09  
Signature of Authorized Person Date  
Daniel P. McKiernan  
Print or Type Name of Authorized Person