



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.<br>116542   |             | 2. Exact name of the limited liability company<br>DSB Enterprises, L.L.C.  |                |              |              |
| 3. State of Formation<br>Rhode Island   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real Estate Holding |                |              |              |
| 5. Principal office address<br>243 North Main Street  |             | City<br>Providence   | State<br>RI    | Zip<br>02903 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |  |                |              |              |
| Contact Name<br>Daniel P. McKiernan, Esq.   |             |  | Contact Title  |              |              |
| Street Address<br>243 North Main Street   |             | City<br>Providence   | State<br>RI    | Zip<br>02903 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |  |                |              |              |
| Manager Name<br>Daniel P. McKiernan   |             | Manager Name<br>Sean McKiernan   |                |              |              |
| Street Address<br>243 North Main Street   |             | Street Address<br>218 Godfrey Rd East  |                |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02903   | City<br>Weston | State<br>CT  | Zip<br>06883 |
| Manager Name<br>Brendan McKiernan   |             | Manager Name   |                |              |              |
| Street Address<br>157 Kinne Road  |             | Street Address   |                |              |              |
| City<br>Glastonbury   | State<br>CT | Zip<br>06033   | City           | State        | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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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116542

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

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