



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. <u>137165</u>		2. Exact name of the limited liability company <u>DT BUILDERS LLC</u>	
3. State of Formation <u>CONNECTICUT</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>CARPENTRY CONSTRUCTION</u>	
5. Principal office address <u>57 LAFANTASIE ROAD</u>		City <u>DANIELSON</u>	State <u>CT</u>
		Zip <u>06239</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>DANIEL S. TOTTH</u>		Contact Title <u>PRESIDENT</u>	
Street Address <u>57 LAFANTASIE ROAD</u>		City <u>DANIELSON</u>	State <u>CT</u>
		Zip <u>06239</u>	
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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>NICHOLAS TOTTH</u>		Address <u>504 BLACKROCK ROAD</u>	
Address <u>COVENTRY</u>		City <u>RI</u>	Zip <u>02816</u>

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

FILED
AUG 19 2009
By 097033
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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.

Signature of Authorized Person

Date

DANIEL S. TOTTH

Print or Type Name of Authorized Person

RECEIVED
SECRETARY OF STATE
AUG 19 2009
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File Date _____

Check No. _____

By: _____

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