

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 2009

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.

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)	1. ID No.	lo. 2. Exact name of the limited liability company							
Rhode Island 7. Principal office address 95 Terre Mar Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON- Contact Name Diane St. Laurent 95 Terre Mar Drive 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 Diane St. Laurent Manager Name Diane St. Laurent Street Address 95 Terre Mar Drive Street Address 1 Street Address Street Address 1 Ship Street Address Stephen M. Litwin, Esquire Address 1 Ship Street	142413	DSL Pr	SL Properties, LLC						
5. Principal office address 95 Terre Mar Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT PERSON: Contact Name Diane St. Laurent Operating Manager Diane St. Laurent Operating Manager City North Kingstown RI Operating Manager City North Kingstown RI Operating Manager City North Kingstown RI City State C	3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode Is	land			
95 Terre Mar Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Diane St. Laurent Correct Address 95 Terre Mar Drive City North Kingstown RI City State Cit	Rhode Island Real Estate								
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Diane St. Laurent Contact Name City North Kingstown RI City North Kingstown State City North Kingstown RI City North Kingstown RI City State C	5. Principal office address				City	State			
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Street Address 95 Terre Mar Drive City North Kingstown RI State RI O2852 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 Diane St. Laurent Street Address 95 Terre Mar Drive City North Kingstown RI State RI City State City State City State City State City State Address Street Address	The second secon	ss of Li	MITED LIABILITY (OMPANY AND NAME		erson:			
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Manager Name Diane St. Laurent Street Address 95 Terre Mar Drive City North Kingstown Manager Name Street Address	95 Terre Mar Drive				North Kingstown	RI	02852		
95 Terre Mar Drive City North Kingstown RI D2852 City State Manager Name Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip State Zip State Zip State Zip State Address Street Address The city State Zip State Address Stephen M. Litwin, Esquire 1 Ship Street	FILL IN SPACES BEFORE USING ATI Manager Name				ACHMENTS ('X" BOX FOR ATTACHMENT)				
North Kingstown RI 02852 Manager Name Street Address Street Address City State Zip City State 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 Stephen M. Litwin, Esquire Address City Zip City Zip City Zip					Street Address				
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0000	Stephen M. Litwin, Esquire				1 Ship Street				
Providence 02903	Address				City		Zip		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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.

Date

Diane St. Laurent

Print or Type Name of Authorized Person