



**A. Ralph Mollis**, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

1. ID No. 156043		2. Exact name of the limited liability company DSF North Smithfield LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Developement	
5. Principal office address 950 Winter Street Suite 4300		City Waltham	State MA
		Zip 02451-1486	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Allan I Muscovitz		Contact Title Sr Accountant	
Street Address 950 Winter Street Suite 4300		City Waltham	State MA
		Zip 02451-1486	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b><u>DO NOT LIST MEMBERS</u></b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name DSF RI LLC		Manager Name	
Street Address 950 Winter st Suite 4300		Street Address	
City Waltham	State MA	City 02451-1486	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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 executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

156043

FILED <sup>2</sup>

OCT 27 2009

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10'46"

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.

Signature of Authorized Person

Date

Richard C. Griffiths  
Print or Type Name of Authorized Person

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
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