



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 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.

1. ID No. 111478		2. Exact name of the limited liability company DGM SYSTEMS, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES AND DISTRIBUTION TURF MAINTENANCE	
5. Principal office address 1 SNAGWOOD ROAD		City FOSTER	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name DANIO G MIHAILEDIS		Contact Title PRESIDENT	Zip 02825
Street Address 1 SNAGWOOD ROAD		City FOSTER	State RI
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) <input type="checkbox"/>		Zip 02825	
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		Address	
Address		City	Zip

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

FILED

DEC 15 2009

By [Signature]

29-106075

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

DAVID G. MIHAILEDIS

Print or Type Name of Authorized Person

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

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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