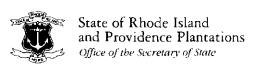
AMENDED



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

EOD THE VEAD

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.

		1.2.					
1. ID No	2 Exact name of the limited hability company						
142454	D+K REALTY, LLC						
3. State of Formation	4. Brief descript	4. Brief description of the character of the business which is actually conducted in Rhode Island					
B.L.	PAG	TEATH MAH	16cm ent	ment			
5. Principal office address			City	State	Zip		
15 GARDEN AVE			artenirical	A.I.	0182	ž.	
6. MAILING ADDRI	ess of limited liab	ILITY COMPANY ANI	O NAME OR TITLE OF CONTACT PE	ERSON:	·		
DOULLAS ROBERTSON			<u> •</u>	<u>•</u>			
Street Address S GALDEN AVE			CITY GHEENVILLE	State R. l	Zip O 2 Ž	 '⊒8	
7. NAME AND ADD			: ED LIABILITY COMPANY, IF APPLIC ING ATTACHMENTS ("X" BOX FOR		<u>(ST MEMBER</u>	<u>s</u>	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City:	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City:	State	Zip		
8. RESIDENT AGEN Agent Name L	T IN RHODE ISLAND	- DO NOT ALTER - C	Changes require filing of Form 64: Address	2 - R.I.G.L. 7-16-11	•		
Address			Gity	Zip		· -	
				<u> </u>		:	

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

FILED 11:09	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date	Contained herein are true and correct. Douglas Robertan 9/8/04
By: 38041-14-37. FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date Ductors RoseR TSON Print or Type Name of Authorized Person
FOR SECRETARY OF STATE OSE ONLY	Frant or Type Name of Authorized Person From 621 Dog 62817