

AMENDED

11/11/09



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
401.222.3010

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 142954		2. Exact name of the limited liability company D + K REALTY, LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT			
5. Principal office address 15 GARDEN AVE		City GREENVILLE	State RI	Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS ROBERTSON		Contact Title PROPERTY MANAGER, MEMBER			
Street Address 15 GARDEN AVE		City GREENVILLE	State RI	Zip 02828	
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	Zip	City	State	Zip
Manager Name		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 L		Address			
Address		City		Zip	

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

FILED

JUL 06 2010

11:09

File Date

Check No.

By:

38041-14-37

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.

Douglas Robertson
Signature of Authorized Person

9/8/09
Date

DOUGLAS ROBERTSON
Print or Type Name of Authorized Person