



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
401.223.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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. 101902		2. Exact name of the limited liability company D H INVESTMENTS, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY	
5. Principal office address 100 SMITHFIELD AVENUE		City PAWTUCKET	State RI
			Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KIM M. HAVUNEN		Contact Title	
Street Address 100 SMITHFIELD AVENUE		City PAWTUCKET	State RI
			Zip 02860
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"/>			
Manager Name KIM M. HAVUNEN		Manager Name ROBIN DOLAN	
Street Address 100 SMITHFIELD AVENUE		Street Address 100 SMITHFIELD AVENUE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT A. MIGLIACCIO, ESQ.		Address	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

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

101902

File Date	9-22-2010
Check No.	17822
By:	mnc
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.

Kim M. Havunen 9-13-10
Signature of Authorized Person Date

Kim M. Havunen

Print or Type Name of Authorized Person