

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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

* 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)-bell) is subject to a page for a CSS 00.

1 ID No. 120093		oct name of the limited liability company DiLLAC DRIVE REALTY, LLC				
3 State of Formation 4. Brief description of the character of the busines REALTY COMPANY			usiness which is actually conducted in Kl	ode Island	V-1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	
5. Procipal office address 50 Cadillac Drive			City: Providence	State RI	7ip 02907	
6. MAILING ADS Contact Name Roger Legault		LITY COMPANY AN	D NAME OR TITLE OF CONTAC Connect Title MEMBER	T PERSON:		
Street Address 50 Cadillace Drive			City Providence	State RI	2 _(P) 02920	
7. NAME AND A			ED LIABILITY COMPANY, IF APING ATTACHMENTS ("X" BOX			
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zų)	City	State	$Z_{Q^{\prime}}$	
Manager Name			Manager Nam	Manager Nam		
Street Address			Street Address	Street Address		
Ch_V	State	Zip	Cψ	State	Zip	
	GENT IN RHODE ISLAND	The Office of the Countries	of State Changes require Silver of	France 442 B LC 1 - 2	[[[]]	
THIS IIIIOTHIAIIOH	is currently of record in the t	of the Secretary	of State. Changes require filing of	гони 642 - К.І.О.І. /	10-11	

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

	120095
	FILED
File Date	AUG 29 2011
Check No. QV	1166
FOR SECRI	ETARY OF STATE USE ONLY

120003

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 Authorical Person

Roger Legault

Print or Type Name of Authorized Person