State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company			
142130	DaCOSTA BENEFIT STREET REALTY, LLC			

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island	REAL ESTATE			

5. Principal office address	City	State	Zip
31 Forest Avenue	Cumberland	Rhode Island	02864

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
MANUEL N. DaCOSTA	MANAGER		

Street Address	City	State	Zip
31 Forest Avenue	Cumberland	Rhode Island	02864

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
MANUEL N. DaCOSTA					
Street Address			Street Address		
31 Forest Avenue					
City	State	Zip	City	State	Zip
Cumberland	Rhode Island	02864			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

■ # 142130

~~FILED~~

File Date	~~OCT 0 4 2011~~
Check No.	**By** _AMC_
By:	_1123_
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.

_____   _____
Signature of Authorized Person   Date

■ **MANUEL N. DaCOSTA, MANAGER**
Print or Type Name of Authorized Person

Form 632 Rev. 08/08