



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River 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

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. <u>157258</u>		2. Exact name of the limited liability company <u>DUSGATOS PROPERTIES LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>real estate</u>			
5. Principal office address <u>14 WORTH ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>TIA RISTAINO-SIEGEL</u>			Contact Title <u>managing member</u>		
Street Address <u>14 WORTH ST.</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>	
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			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 <u>TIA RISTAINO-SIEGEL</u>			Address		
Address <u>14 WORTH ST.</u>		City <u>CENTRAL FALLS</u>		Zip <u>02863</u>	

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

FILED

File Date	<u>NOV 28 2011</u>
Check No.	<u>157375</u>
BY	<u>[Signature]</u>
By:	
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] 11/27/11
Signature of Authorized Person Date
TIA M. RISTAINO-SIEGEL
Print or Type Name of Authorized Person