



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

A. Ralph Molis, 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* • **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)(4)) is subject to a penalty fee of \$25.00.

1. ID No. 143288		2. Exact name of the limited liability company DEFELICE MANAGEMENT, 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 management			
5. Principal office address 3970 Post Road		City Warwick		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Todd A. David			Contact Title Manager		
Street Address 3970 Post Road		City Warwick		State RI	Zip 02886
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 Todd A. David			Manager Name .		
Street Address 3970 Post Road		Street Address .			
City Warwick		State RI	Zip 02886	City .	
State RI		Zip 02886	City .	State .	Zip .
Manager Name .		Manager Name .			
Street Address .		Street Address .			
City .		State .	Zip .	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).

143288

FILED	
File Date	NOV 28 2011
Check No.	
By:	By: <u>10157473</u>
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.

Todd A. David 11/2/11
Signature of Authorized Person Date
Todd A. David
Print or Type Name of Authorized Person

RECEIVED
 NOV 28 PM 2:16
 STATE
 CLERK