



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 86248		2. Exact name of the limited liability company DB Investments, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 212 County Road			City Barrington	State RI	Zip 02806
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charlotte Broomhead			Contact Title Member		
Street Address 180 Sowams Road			City Barrington	State RI	Zip 02806
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Charlotte Broomhead			Manager Name Claudia J. Cristaudo		
Street Address 180 Sowams Road			Street Address P.O. Box 312		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Manager Name Charles A. Cristaudo			Manager Name None		
Street Address 212 County Road			Street Address		
City Barrington	State RI	Zip 02806	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 Form 642.					

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

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.

Claudia J. Cristaudo 9/10/12
Signature of Authorized Person Date

Claudia J. Cristaudo
Print or Type Name of Authorized Person

FILED

SEP 14 2012

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