



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.<br><b>86248</b>  |                    | 2. Exact name of the limited liability company<br><b>DB Investments, LLC</b>                      |                           |                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                           |                     |                     |
| 5. Principal office address<br><b>212 County Road</b>   |                    | City<br><b>Barrington</b>   | State<br><b>RI</b>        | Zip<br><b>02806</b> |                     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |                    |   |                           |                     |                     |
| Contact Name<br><b>Charlotte Broomhead</b>  |                    | Contact Title<br><b>Member</b>  |                           |                     |                     |
| Street Address<br><b>180 Sowams Road</b>  |                    | City<br><b>Barrington</b>   | State<br><b>RI</b>        | Zip<br><b>02806</b> |                     |
| <b>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"/></b> |                    |   |                           |                     |                     |
| Manager Name<br><b>Charlotte Broomhead</b>  |                    | Manager Name<br><b>Claudia J. Cristaudo</b>   |                           |                     |                     |
| Street Address<br><b>180 Sowams Road</b>  |                    | Street Address<br><b>P.O. Box 312</b>   |                           |                     |                     |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>   | City<br><b>Barrington</b> | State<br><b>RI</b>  | Zip<br><b>02806</b> |
| Manager Name<br><b>Charles A. Cristaudo</b>   |                    | Manager Name<br><b>None</b>   |                           |                     |                     |
| Street Address<br><b>212 County Road</b>  |                    | Street Address  |                           |                     |                     |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>   | City                      | State               | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |                    |   |                           |                     |                     |
| 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**  
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