



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

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## 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>000727425</b>   |                    | 2. Exact name of the limited liability company<br><b>DODGE FAMILY LLC</b>                                   |                    |                     |     |
| 3. State of Formation<br><b>RI</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO MANAGE REAL ESTATE</b> |                    |                     |     |
| 5. Principal office address<br><b>9 PLYMOUTH AVENUE</b>  |                    | City<br><b>JAMESTOWN</b>  | State<br><b>RI</b> | Zip<br><b>02835</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |                     |     |
| Contact Name<br><b>DIANE D. BISSONETTE</b>   |                    | Contact Title<br><b>MANAGING MEMBER</b>   |                    |                     |     |
| Street Address<br><b>9 PLYMOUTH AVENUE</b>   |                    | City<br><b>JAMESTOWN</b>  | State<br><b>RI</b> | Zip<br><b>02835</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                    |                     |     |
| Manager Name<br><b>DIANE D. BISSONETTE</b>   |                    | Manager Name  |                    |                     |     |
| Street Address<br><b>9 PLYMOUTH AVENUE</b>   |                    | Street Address  |                    |                     |     |
| City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b>   | City               | State               | Zip |
| 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 Form 642.  |                    |   |                    |                     |     |

**FILED**

**OCT 15 2012**

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BY \_\_\_\_\_ By 1005

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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.

Diane D Bissonette 10/11/2012  
Signature of Authorized Person Date

Diane D Bissonette  
Print or Type Name of Authorized Person