



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>97888</b>		2. Exact name of the Corporation <b>D.L. INVESTMENT CO., INC.</b>			
3. Principal office address <b>123 HIGH STREET</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. Business Phone No. <b>401-724-7100</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE MAKING OF INVESTMENTS</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DAVID E. LEVEN</b>			Vice-President Name <b>MYRNA R. LEVEN</b>		
Street Address <b>3221 BURGUNDY DRIVE NORTH</b>			Street Address <b>3221 BURGUNDY DRIVE NORTH</b>		
City <b>PALM BEACH GARDE</b>	State <b>FL</b>	Zip <b>33410</b>	City <b>PALM BEACH GARDEN</b>	State <b>FL</b>	Zip <b>33410</b>
Secretary Name <b>ALAN J. LEVEN</b>			Treasurer Name <b>DAVID E. LEVEN</b>		
Street Address <b>41 GALEN COURT</b>			Street Address <b>3221 BURGUNDY DRIVE NORTH</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>PALM BEACH GARDEN</b>	State <b>FL</b>	Zip <b>33410</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

**FEB 20 2013**

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]* 1/29/13  
 Signature of Authorized Representative Date

**ALAN J. LEVEN**  
 Print or Type Name of Authorized Representative

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