



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. 97888 | | 2. Exact name of the Corporation D.L. INVESTMENT CO., INC. | | | |
| 3. Principal office address 123 HIGH STREET | | | City PAWTUCKET | State RI | Zip 02860 |
| 4. Business Phone No. 401-724-7100 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE MAKING OF INVESTMENTS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name DAVID E. LEVEN | | | Vice-President Name MYRNA R. LEVEN | | |
| Street Address 3221 BURGUNDY DRIVE NORTH | | | Street Address 3221 BURGUNDY DRIVE NORTH | | |
| City PALM BEACH GARDE | State FL | Zip 33410 | City PALM BEACH GARDEN | State FL | Zip 33410 |
| Secretary Name ALAN J. LEVEN | | | Treasurer Name DAVID E. LEVEN | | |
| Street Address 41 GALEN COURT | | | Street Address 3221 BURGUNDY DRIVE NORTH | | |
| City SEEKONK | State MA | Zip 02771 | City PALM BEACH GARDEN | State FL | Zip 33410 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | 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] _____
 Signature of Authorized Representative Date **1/29/13**

ALAN J. LEVEN
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY BY 86601