



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 2011

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. 542855		2. Exact name of the limited liability company DIGITAL TECHNOLOGY PARTNERS LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island SOFTWARE CONSULTING	
5. Principal office address 56 CENTRAL ST		City PIARRASANSETT	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SEAN D FLAVIN		Contact Title MANAGER	
Street Address 56 CENTRAL ST		City PIARRASANSETT	State RI
		Zip 02882	
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 SEAN D FLAVIN		Manager Name MURTHY L PERI	
Street Address 56 CENTRAL ST		Street Address 56 CENTRAL ST	
City PIARRASANSETT	State RI	City PIARRASANSETT	State RI
Zip 02882		Zip 02882	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.

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 STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES

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File Date MAR 21 2013

Check No 193232 10:32

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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.

S Flavin 3/17/2013
 Signature of Authorized Person Date

M-Peri 3/17/2013
 Print or Type Name of Authorized Person Date