RALPH MOIL	tate of Rhode Island and Office of the Se			S Fee: \$50.00
Secretary of State	Division Of Bu 148 W. Ri Providence RI (401) 22	ver Street 02904-2615	3	
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability in thirty (30) days after the time penalty fee of \$25.00.		• •	
ANNUAL REPORT YEAR:	<u>2013</u>			
1. ID No. 00078880	<u>)</u>			
2. Exact Name of the Limited Liability Company <u>DAB Diversified Enterprises LLC</u>				
3. State of Formation State: <u>RI</u>				
	e Character of the Business and a other efforts at establishing a		-	
5. Principal Office Addre	SS			
	CAMP FULLER ROAD EFIELD	State: <u>RI</u>	Zip: <u>02879</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and	Name or Title	of Contact Pe	rson:
	FIELD	State: <u>RI</u>	Zip: <u>02879</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited	d Liability Co	mpany, if Appli	cable.
Title	Individual Name		Addre	SS
	First, Middle, Last, Suffix	Addre	ss, City or Town, Sta	ate, Zip Code, Country
	RHODE ISLAND - DO NOT ALT g of Form 642 - R.I.G.L. 7-16-			
DAVID BLACKBURN 455 CAMP FULLER ROAD WAKEFIELD, RI 02879				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 12 Day of August, 2013 at 1:21:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID A. BLACKBURN

Signature of Authorized Person

Form No. 632 Revised 09/07

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