



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 **2013**

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. 86248		2. Exact name of the limited liability company DB Investments, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 212 County Road		City Barrington	State RI	Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charlotte Broomhead		Contact Title Member			
Street Address 180 Sowams Road		City Barrington	State RI	Zip 02806	
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 Charlotte Broomhead		Manager Name Claudia J. Cristaudo			
Street Address 180 Sowams Road		Street Address P.O. Box 312			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Manager Name Charles A. Cristaudo		Manager Name None			
Street Address 212 County Road		Street Address			
City Barrington	State RI	Zip 02806	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

SEP 13 2013

By *MME*
CR # 860

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.

Claudia Cristaudo *9/9/2013*
 Signature of Authorized Person Date

Claudia J. Cristaudo

Print or Type Name of Authorized Person