



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. 118358		2. Exact name of the limited liability company Danley, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Acquire, operate develop, sell, lease, improve or dispose of real property			
5. Principal office address 11 Peck Street		City Providence	State RI	Zip 02903	
6. Contact Name, Title, Address, City, State, Zip (If a natural person, include company and name of business, contact person)					
Contact Name Theresa Morris		Contact Title member			
Street Address 11 Peck Street		City Providence	State RI	Zip 02903	
7. Manager Name, Title, Address, City, State, Zip (If a natural person, include company and name of business, contact person). IF APPLICABLE, DO NOT LIST MEMBERS					
Manager Name Theresa Morris		Manager Name			
Street Address 11 Peck Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

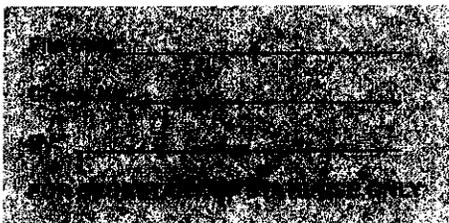
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 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIV

FILED

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By 49-205955

A.A -



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.

Theresa M. Morris 9/3/2013
 Signature of Authorized Person Date

Theresa Morris
 Print or Type Name of Authorized Person