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. **151799**	2. Exact name of the limited liability company **DBS REALTY, LLC**		
3. State of Formation **RI**	4. Brief description of the character of business conducted in Rhode Island **TO HOLD, DEVELOP AND MANAGE REAL ESTATE**		
5. Principal office address **2 PALMER MEADOW LANE**	City **REHOBOTH**	State **MA**	Zip **02769**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name **STEVEN M. DIPPOLITTO**	Contact Title **Member**		
Street Address **2 PALMER MEADOW LANE**	City **REHOBOTH**	State **MA**	Zip **02769**
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name **None**	Manager Name **None**		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name **None**	Manager Name **None**		
Street Address	Street Address		
City / State / Zip	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

File Date _____ OCT 18 2013

Check No _____

By: _____ **BY** 2013

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.

X _____ 10/8/13
Signature of Authorized Person Date

STEVEN M. DIPPOLITTO, Member
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
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