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	City	State	Zip
2 PALMER MEADOW LANE	REHOBOTH	MA	02769

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
STEVEN M. DIPPOLITTO	Member

Street Address	City	State	Zip
2 PALMER MEADOW LANE	REHOBOTH	MA	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	Street Address	City	State	Zip
None				

Manager Name	Street Address	City	State	Zip
None				

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