RALPH MOLLA Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000159780</u>			
2. Exact Name of the Limited Liability Company <u>DMD Investment Company</u> , <u>LLC</u>			
3. State of Formation			
State: <u>RI</u>			
5. Principal Office Addres No. and Street: PO	ENT, OWNERSHIP AND DEVE s 9 BOX 5524 AYLAND State: <u>MA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: MICHAEL MARKARIAN Contact Title: No. and Street: 591 PLEASANT STREET City or Town: FRANKLIN			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
GENE M. CARLINO, ESQ. 410 SOUTH MAIN STREET PROVIDENCE, RI 02903-			
9. This report must be exe	ecuted by an authorized person p	ursuant to R.I.G.L. 7-16-66 (b)).

Signed this 31 Day of October, 2013 at 12:34:50 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 <u>EUGENE CARLINO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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