

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. 134427 | 2. Exact name of the limited liability company DHS Realty, LLC | | | | |
|--|---|---------------------|----------------------------------|-------------------------|---------------------|
| 3. State of Formation | 4. Brief desc Display p | | er of business conducted in Rhod | e Island | |
| 5. Principal office address 360 Angel Street | | | City Providence | State RI | Zip 02904 |
| 6. MAILING ADDRESS O | F LIMITED LIABILIT | Y COMPANY AND N | AME OR TITLE OF CONTACT F | 'ERSON: | |
| Contact Name Paul Carroll | | | Contact Title member | | |
| Street Address 260 Narragansett Park Drive | | | City Rumford | State RI | Zip 02916 |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTAC | (NAMES AND ADD | RESSES) OF THE LI | MITED LIABILITY COMPANY, I | FAPPLICABLE - <u>Do</u> | NOT LIST MEMBERS |
| Manager Name Paul Carroll | | | Manager Name n/a | | |
| Street Address 260 Narragansett P | ark Drive | | Street Address | | |
| City Rumford | State RI | Zip 02916 | City | State | Zip |
| Manager Name n/a | | | Manager Name n/a | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8, RESIDENT AGENT IN | | | | | |
| This information is curre | ently of record in the | Office of the Secre | tary of State. Changes require | filing Form 642. | |

FILED

FEB 03 2014

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File Date BY 1008
Check No By: FOR SECRETARY OF STATE USE ONLY

Under genelity of perjury, I declare and affirm that I have examined this region, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

Signature of Authorized Person

Paul A. Carroll, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012