



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 2014

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. <u>788689</u>		2. Exact name of the limited liability company <u>Dm Real Estate Solutions LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buy & Sell Real Estate</u>			
5. Principal office address <u>42 Top Hill Rd</u>		City <u>NO Prov</u>	State <u>RI</u>	Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MORRIS WILLIAMS</u>		Contact Title <u>Agent</u>			
Street Address <u>42 Top Hill Rd</u>		City <u>NO Prov</u>	State <u>RI</u>	Zip <u>02904</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>MORRIS WILLIAMS</u>		Manager Name			
Street Address <u>42 Top Hill Rd</u>		Street Address			
City <u>NO Prov</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Manager Name		Manager Name			
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.					

2014 AUG 22 AM 9:12
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED

AUG 22 2014

By 230838
A.A. 9:12 A.M.

File Date
 Check No
 By
 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.

Morris Williams 8/22/14
 Signature of Authorized Person Date
Morris Williams
 Print or Type Name of Authorized Person