

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

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1. Entity ID No.	2. Exact nam	e of the limited lial	bility company			
000 5022	2// 2	DAAPO	ro PerTies	41-C		
3. State of Formation		ription of the chara	cter of business conducted in R	hode Island		
RI		REAL	STATES			
5. Principal office address		• • •	City	State	Zip	
41 VINEY			Provi	RI	02707	
	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name  Sose A. NUNCZ			Contact Title  Wowen			
Street Address 41 VINEYAND 57			City	State P. F.	2ip 02807	
7. LIST ALL MANAGER	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO	NOT LIST MEMBERS	
("X" BOX FOR ATTAC	CHMENT)					
Manager Name			Manager Name			
Street Address			Street Address			
Čitv	State	Zip	_ City	State	Zip	
Manager Name			Manager Name	<u> </u>		
-						
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND					
This information is curr	ently of record in the	Office of the Sec	retary of State. Changes requ	ire filing Form 642.		
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File Date				Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
				ments contained herein a		
Check No			Ide N	Alm	9/3/12,	
By:			Signature of Autho	rized Person	Date	
			J054	A. NOWE	) <sub>c</sub>	
FOR SECRETARY OF	STATE USE ONLY		Date A and Thomas Africa	Drint or Time Name of Authorized Dasses		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012