

## 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

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.	2. Exact name of the limited liability company				
710719	DPC	< DI	STRIBUTO	ORS	225
3. State of Formation	<ol> <li>Brief description</li> </ol>	of the character of bu	siness conducted in Rhode Island		
RI	$\bigwedge$ ) <sub>z</sub>	EWS PAH	PER HOME	DEL.	IVERY
5. Principal office address  4406LORGE WAS HINKTON HWY SMITHFIELD RI 02917					
9406E0	RGE MAS	SHINETON HU	SMITH ILL	RI	02911
<del>如此,以外,是是一个人,是一个人,是一个人,是一个人,是一个人,是一个人,是一个人,是一个</del>					
Contact Name  DENVIS	P.C	JARKIN	Contact Title OWNE	R	
Street Address 64 DEK		RE DR.	CRANSTON	State	2ip 02921
STATE OF THE PROPERTY OF THE P	Syn(inatoin)::ess		A Asimar Contraviale Asima		
DENNIS PCLARKIN			Manager Name		
Street Address 64 DERBYSHIKE Drive			Street Address		
CICHNSIUN)	State	Zip ()292]	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is gureantly of		Control of the Contro	State Changes require Anti F-		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Dennis

Date

Print or Type Name of Authorized Person