



**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.<br><u>515591</u>                                                                                                                                  |       | 2. Exact name of the limited liability company<br><u>DB Villages Properties, LLC</u>                    |      |                    |                     |
| 3. State of Formation<br><u>RI</u>                                                                                                                                 |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rental Properties</u> |      |                    |                     |
| 5. Principal office address<br><u>2077 Elmwood Ave</u>                                                                                                             |       | City<br><u>Warwick</u>                                                                                  |      | State<br><u>RI</u> | Zip<br><u>02816</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |       |                                                                                                         |      |                    |                     |
| Contact Name<br><u>Donald F. Intefeld</u>                                                                                                                          |       | Contact Title<br><u>Owner</u>                                                                           |      |                    |                     |
| Street Address<br><u>109 Jefferson Dr.</u>                                                                                                                         |       | City<br><u>Cranston</u>                                                                                 |      | State<br><u>RI</u> | Zip<br><u>02816</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<br><u>Same as above</u>                                                                                                                               |       | Manager Name                                                                                            |      |                    |                     |
| Street Address                                                                                                                                                     |       | Street Address                                                                                          |      |                    |                     |
| City                                                                                                                                                               | State | Zip                                                                                                     | 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 542.                                                  |       |                                                                                                         |      |                    |                     |

**FILED**

**OCT 23 2014**

**BY** 136

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.

Signature of Authorized Person Donald F. Intefeld

Date 10/23/14

Print or Type Name of Authorized Person