

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

P. one: (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. 842518		Exact name of the limited liability company DV VIII, LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island Commercial Property				
5. Principal office address 48 Hewett Street			City Warwick	State RI	Zip 02889	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Brian Bucci			Contact Title Member			
Street Address 48 Hewett Street			City Warwick	State RI	Zip 02889	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			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	
B. RESIDENT AGENT IN RI	HODE ISLAND					
· · · · · · · · · · · · · · · · · · ·	*	Office of the Sec-	etary of State. Changes require	- 401 F 640		
ottiiktion is culleli	ay or record in the	onice of the Secr	etary or State. Changes require	Tiling Form 642.		
	,,,,,,,,,,	o onice of the Sect	otary or state. Changes require	Hung Form 042.	<u> </u>	

FILED

OCT 3 1 2014

51h

File Date	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.		
Check No		10/21/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Brian Bucci		

Print or Type Name of Authorized Person