

## 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. <b>631427</b>		2. Exact name of the limited liability company DV V, 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 <b>Warwick</b>	State RI	Zip <b>02889</b>	
6. MAILING ADDRESS O Contact Name Brian Bucci	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Member	PERSON:		
Street Address 48 Hewett Street			City <b>Warwick</b>	State RI	Zip <b>02889</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT)	ORESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBER	
Manager Name			Manager Name			
			Manager Name			
			Manager Name Street Address			
Street Address	State	Zip		State	Zip	
Street Address	State	Zip	Street Address	State	Zip	
Street Address  City  Manager Name	State	Zip	Street Address City	State	Zip	
Street Address  City  Manager Name  Street Address	State	Zip Zip	Street Address  City  Manager Name	State	Zip	
Street Address  City  Manager Name  Street Address  City  B. RESIDENT AGENT IN F	State RHODE ISLAND	Zip	Street Address  City  Manager Name  Street Address	State		

FILED

OCT 3 1 2014

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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 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			
The second secon	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012