

Revised: 01/2012

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 2015

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. 000687125	DCDC Homos LLC					
3. State of Formation	4. Brief desc	cription of the characte	r of business conducted in Rhod	e Island		
Rhode Island	Constru	Construct and renovate housing for low and moderate income families.				
5. Principal office address 204 Broad Street			City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS C	F LIMITED LIABILI	Y COMPANY AND N	ME OR TITLE OF CONTACT I	ERSON:		
Contact Name Linda Weisinger			Contact Title Executive Director,			
Street Address 204 Broad Street			City Pawtucket	State RI	Zip 02860	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Linda Weisinger			Manager Name			
Street Address 204 Broad Street			Street Address			
City Pawtucket	State RI	Zip 02860	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 curre	ently of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED

SEP 2 5 2015

Ry 10762	
File Date Check No	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.
By: The second of the second o	Signature of Authorized Person Date
	Unda 6. Weisinger
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person
lorm No. 629	10+ Development, Decune Direction