

Nellie M. Gorbea, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

2015

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1, ID No. 796141		D COVENTRY TWO, LLC				
3. State of Formation Rhode Island		ription of the character of t I purpose	the business which is actually conducted in Rhode Island			
5. Principal office address 3760 Quaker Lane			City North Kingstown	State RI	Zip 02852	
Contact Name Mark P. DePasquale			Contact Title Manager			
Street Address 3760 Quaker Lane			City North Kingstown	State RI	^{Zip} 02852	
Manager Name Mark P. DePasquale		Manager Name				
Street Address 3760 Quaker Lane		Street Address				
City North Kingstow	n State RI	Ζίρ 02852	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
This information is curre	ently of record in the Of	fice of the Secretary of Sta	tte. Changes require filing of Form 64	2 – R.I.G.L. 7-16-110	Orson and Brusini Ltd.	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). FILED

OCT **0 9** 2015

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.

Signatur of Authorized Person

Mark P. DePasquale, Manager

Print or Type Name of Authorized Person