

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

Filling 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. 738799		2. Exact name of the limited liability company DL Acquisitions, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island		To engage in the business of Holding Real Estate				
5. Principal office address 116 Wayland Avenue			City Providence	State R I	Zip 02906	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:		
Contact Name Barbara M. Bilder, D.M.D.			Contact Title Member			
Street Address 116 Wayland Avenue			City Providence	State RI	Zip 02906	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	APPLICABLE - DO		
Manager Name NONE			Manager Name NONE			
Street Address		,	Street Address			
City	State	Zip	City	State	Zip	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require t	iling Form 642.		

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Flie Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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 therein are true and correct.

Signature of Authorized Person

Date

Barbara M. Bilder, D.M.D., Member

Print or Type Name of Authorized Person