



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.<br><b>738799</b>                                                                                                                                            |       | 2. Exact name of the limited liability company<br><b>DL Acquisitions, LLC</b>                                                          |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                 |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the business of Holding Real Estate</b> |                    |                     |     |
| 5. Principal office address<br><b>116 Wayland Avenue</b>                                                                                                                     |       | City<br><b>Providence</b>                                                                                                              | State<br><b>RI</b> | Zip<br><b>02906</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                                  |       |                                                                                                                                        |                    |                     |     |
| Contact Name<br><b>Barbara M. Bilder, D.M.D.</b>                                                                                                                             |       | Contact Title<br><b>Member</b>                                                                                                         |                    |                     |     |
| Street Address<br><b>116 Wayland Avenue</b>                                                                                                                                  |       | City<br><b>Providence</b>                                                                                                              | State<br><b>RI</b> | Zip<br><b>02906</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>(“X” BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                        |                    |                     |     |
| Manager Name<br><b>NONE</b>                                                                                                                                                  |       | Manager Name<br><b>NONE</b>                                                                                                            |                    |                     |     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                                                         |                    |                     |     |
| City                                                                                                                                                                         | State | Zip                                                                                                                                    | City               | State               | Zip |
| Manager Name<br><b>NONE</b>                                                                                                                                                  |       | Manager Name<br><b>NONE</b>                                                                                                            |                    |                     |     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                                                         |                    |                     |     |
| City                                                                                                                                                                         | State | Zip                                                                                                                                    | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                     |       |                                                                                                                                        |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                            |       |                                                                                                                                        |                    |                     |     |

**FILED**

OCT 09 2015

By 258227

A.A.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

Signature of Authorized Person

Date

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

Print or Type Name of Authorized Person