

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 508030		2. Exact name of the limited liability company DANCYN PROPERTIES, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real est	Real estate management.					
5. Principal office address One Hatch Street		City Cumberland	State RI	Zip 02864			
6, MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Registered Agent				
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903		
, LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI MENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE: DO	IZOZMEJSZAMEMBIERS		
Manager Name Daniel J. Smalley			Manager Name				
Street Address One Hatch Street			Street Address				
City Cumberland	State RI	Zip 02864	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip 📆		
8. RESIDENT AGENT IN F	HODE ISLAND			romonarionem estado	s de la Sanciel		
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require f	ling Form 642.			

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By: FOR SECRETARY OF STATE USE ONLY	

Form No. 632 Revised: 01/2012

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Under	penalty of perju	ry, I declare and	affirm they I have exar	nined
this re	port, including a	ny accompanyin	g schemes and state n are true and correct	ements
and th	at all statements	coptained herei	n are true and correct	. /

Signature of Authorized Person

Date

Daniel J. Smalley

Print or Type Name of Authorized Person