

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

148 W. River Street, Providence, Rhode Island 02904-2615

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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. 691196		Exact name of the limited liability company DV IX, LLC				
3. State of Formation	4. Brief des Comme	Brief description of the character of business conducted in Rhode Island Commercial Property				
5. Principal office address 48 Hewett Street			City Warwick	State Ri	Zip 02889	
. MAILING ADDRESS	OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	T PERSON:		
Contact Name Brian Bucci			Contact Title			
Street Address 48 Hewett Street			City Warwick	State RI	Zip 02889	
. LIST <u>ALL</u> MANAGEI ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT) [PRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBER	
Manager Name			Manager Name			
treet Address		- W.	Street Address		<u> </u>	
ity	State	Zip	City	State	Zip	
anager Name			Manager Name			
treet Address			Street Address			
ty	State	Zip	City	State	Zip	
RESIDENT AGENT IN	RHODE ISLAND					
		Office of the Secr	etary of State Changes require	fillne Form 642		
			oner, or orace, originges require	ming Form 642.	· · · · · · · · · · · · · · · · · · ·	
City B. RESIDENT AGENT IN This information is curr	RHODE ISLAND		City etary of State. Changes require			

FILED

OCT 1 9 2015

File Date _____

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.

10/01/2015

Signature of Authorized Person

Date

Brian Bucci

Print or Type Name of Authorized Person