

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.		2. Exact name of the limited liability company					
571463	D&D Realty Management, LLC						
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real estate leasing, management and investing						
5. Principal office address 740 Cooper Road			City Chepachet	State Ri	Zip 02814		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT F	ERSON:			
Contact Name Augustino DelFarno, Jr.		Contact Title Member					
Street Address 461 Angell Road			City Lincoln	State RI	Zip 02865		
7. LIST ALL MANAGERS	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DQ</u>	NOT LIST MEMBE		
("X" BOX FOR ATTACH							
("X" BOX FOR ATTACH			Manager Name	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
("X" BOX FOR ATTACH Manager Name None							
("X" BOX FOR ATTACH Manager Name None Street Address		Zip	Manager Name	State	Zip		
("X" BOX FOR ATTACH Manager Name None Street Address City	IMENT)	Zip	Manager Name Street Address		Zip		
("X" BOX FOR ATTACH Manager Name None Street Address City Manager Name	IMENT)	Zip	Manager Name Street Address City		Zip		
("X" BOX FOR ATTACH Manager Name None Street Address City Manager Name Street Address	IMENT)	Zip Zip	Manager Name Street Address City Manager Name		Zip		
("X" BOX FOR ATTACH Manager Name	State State		Manager Name Street Address City Manager Name Street Address	State			

FILED NOV 1 9 2015

File Date	Under penalty of perjupy, declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	and that all statements contained herein a	10-31-15	
By:	Signature of carporized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Augustine DelFarno, Jr., Member		
FOR SECREIANT OF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012