

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

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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.

| Entity ID No. | l l | 2. Exact name of the limited liability company | | | | | |
|--|---|--|-------------------------------|--|----------------------|--|--|
| 1007680 | DLV RE | ALTY LLC | | | | | |
| 3. State of Formation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | Real Est | I Estate | | | | | |
| 5. Principal office address 809 Scituate Aven | Principal office address 809 Scituate Avenue | | City Cranston | State R.I. | Zip 0292 1 | | |
| 6. MAILING ADDRESS (| OF LIMITED LIABILIT | TY COMPANY AND N | AME OR TITLE OF CONTACT | PERSON: | | | |
| Contact Name Debra Viticonte | | • | Contact Title Manager | State R.I. 0292 1 PERSON: State R.I. 0292 { IF APPLICABLE - DO NOT LIST MEMBER: State Zip State Zip 1. | | | |
| Street Address 809 Scituate Aven | ue | | City Cranston | | | | |
| 7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC | | RESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS | | |
| Manager Name Debra Viticonte | | | Manager Name | <u>(1) sektra minimi posta sektroská († </u> | | | |
| Street Address 809 Scituate Aven | ue | ,·,· | Street Address | , | 1-1 | | |
| City Cranston | State R.J. | Zip 02920 | City | State | Zip | | |
| Manager Name | | · · · · · · · · · · · · · · · · · · · | Manager Name | | - | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | | | |
| 8. RESIDENT AGENT IN | | | | | | | |
| This information is curre | ently of record in the | Office of the Secret | ary of State. Changes require | filing Form 642. | | | |

FILED

NOV 2 5 2015

| File DateBY | this report, including any accompanying schedules | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, | | |
|---------------------------------|---|---|--|--|
| Check No | Ochra L. Viticonte | 11.07.15 | | |
| By: | Signature of Authorized Person | Date | | |
| FOR SECRETARY OF STATE USE ONLY | Debra Viticonte | Debra Viticonte Print or Type Name of Authorized Person | | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | | | |

Form No. 632 Revised: 01/2012