

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.	2. Exact name	of the limited liability of	company			
713848	DAU	D PINA	CONSULTING L	LC		
3. State of Formation			of business conducted in Rhode			
RI	_	IROSA CON				
5. Principal office address 25 KA//s	DRIVE		City (RANSTON)	State	Zip 02920	
6. MAILING ADDRESS OF LIM	ITED LIABILITY	COMPANY AND NAM	in the proposition of	ERSON:		
DAVID A. PINIA			Contact Title PRESIDENT			
Street Address 25 RALLS	DRIVE		City CRANSTON	State	Zip 02920	
7. LIST ALL MANAGERS (NAME) ("X" BOX FOR ATTACHMEN	/IES AND ADDRE	ESSES) OF THE LIMIT	TED LIABILITY COMPANY, IF	APPLICABLE - DO I	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	· · · · · · · · · · · · · · · · · · ·		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip SEG	
8. RESIDENT AGENT IN RHODE	E ISLAND.				<u> </u>	
This information is currently of	record in the O	ffice of the Secretary	of State. Changes require fi	ling Form 642.	7 3 D	
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Form No. 632 Revised: 01/2012 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

/-2/30//S Date

Print or Type Name of Authorized Person