

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 2013

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. E	exact name of the limited liabili	ty company		
149175 1	DAC ROO	entires L	LC	
3. State of Formation 4. E	Brief description of the characte	er of business conducted in	Rhode Island	
KI	Invest 1	n Keal 1	= State	
5. Principal office address /UO Dorrance	St. Suite 20	City Prov	State	282903
6. MAILING ADDRESS OF LIMITED	LIABILITY COMPANY AND N	AME OR TITLE OF CONT	ACT PERSON: 100 100 100 100 100 100 100 100 100 10	
Contact Name COIS Q	H!	Contact Title	ting Major.	
Street Address OO DACCOICE	Str Sylto 22		State	Zi82903
7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	ND ADDRESSES) OF THE L	IMITED LIABILITY COMPA	NY, IF APPLICABLE - <u>DO 1</u>	NOT LIST MEMBERS
Manager Name ANIX	orsetti	Manager Name		To the state of th
Street Address	St. Suite	Street Address		
Star	Zip 29	o3 City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		S 201
City	te Zip	City	State	COR.
8. RESIDENT AGENT IN RHODE ISL				
This Information is currently of reco	ord in the Office of the Secre	tary of State. Changes rec	quire filing Form 642.	B ARM
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		Under penalty o	f perjury, I declare and affir	m that I have examined
File Date		this report, included and that all stex	ding any accompanying sements contained herein a	chedules and statements,
Check No.	* FILED		Principles contained herein al	e tide and correct.
By a second seco	\$ 1 m	Signature of Auth	porized Person	Date
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FOR SECRETARY OF STATE USE	ONLY T	Print or Type Nar	ne of Authorized Person	1'
Form No. 632	By 18 2695	76 2123		