

## 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 2016

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 t	he limited liability com	pany		
130850		DNBA RE	` 1 1		
3. State of Formation	4. Brief description	of the character of bu	isiness conducted in Rhode Island		
RHMB ISLAW	REAL	DST ATE			
5. Principal office address	IDDALE PE	orgy Huy.	CITYWAKEFIELD	State	82879
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPARYAND NAME (	OR TITLE OF CONTACT PERSON Contact Title		
Contact Name  LAMMIN GAMONIA			STEWAR STETTEM XATT STEWARM MEMBER		
Street Address			City	State	ZDACOD
			CHARTHAM	<u>KI</u>	10474
7. LIST ALL MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRESS	ES) OF THE LIMITE	D LIABILITY COMPANY, IF APPLIC	CABLE - <u>DO NOT</u>	LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
				Treata	Zip
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE	ISLAND				
This information is currently of	record in the Offic	ce of the Secretary of	f State. Changes require filing Fo	rm 642.	
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				FILE	:D
				SEP 23	2016
By					$\int_{0}^{\infty} K$
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				11	
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that an statements contained herein are true and correct.		
Check No			The state of the s		Sept 20 2011
Ву:			Signature of Authorized Perso		Date
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012