

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 the limited liability company D&F ASSOCIATES, LLC					
101630	July Au	,000iA (E. 0, E. E.					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	REALE	REAL ESTATE					
5. Principal office address 1130 TEN ROAD ROAD, SUITE F-201			City NORTH KINGSTOWN	State RI	Zip 02852		
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PERSO	N:	ar volument of the second		
Contact Name FREDERICK K. UTTLEY			Contact Title MEMBER				
Street Address 1130 TEN ROD ROAD, SUITE F-201			City NORTH KINGSTOWN	State RI	Zip 02852		
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH!	NAMES AND ADI MENT) []	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	ICABLE - <u>Do</u>	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		
B. RESIDENT AGENT IN RH	ODE ISLAND						
			etary of State. Changes require filing F				

FILED

OCT 14 2016

BY 145 DS

file Date	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.		
Check No		10/11/1/2	
ву:	Signature of Authorized Person	Date	
OR SECRETARY OF STATE USE ONLY	FREDERICK K. UTTLEY		
OHOLDHERMI OF STATE OSE ONLI	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012