

R.I. DEPT. OF STATE BUS SYCS DIV

2016 OCT 14 AM II: 08

Annual Report for the year:	2016
Limited Liability Company	

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 686925	2. Exact name of the Limited Liability Company						
3. NAICS Code	DGO, LLC.						
·	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Purchasing, leasing, sale of real estate and any other lawful purpose						
5. State of Formation	Ī						
Rhode Island							
6. Principal Office Address	<u> </u>		City	State	Zip		
26 Silver Spring Street	er Spring Street			Ri	02904		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name William F. Donahue, IV			Contact Title Member				
Street Address 26 Silver Spring Street		City Providence	State RI	^{Zip} 02904			
8. List ALL managers (names an	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE -	DO NOT LIST ME	MBERS		
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		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person			Date				
William F. Donahue, IV			10 -	3-16			
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

OCT 14 2016

By 285991 ·W