	State of Rhode Island and Providence Plantations Fee: Office of the Secretary of State	
U	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liabili	ty Company	
nnual Report	1	
ling Perioa: Sept	ember 1 - November 1	
o file its annual re _l	n R.I.G.L. 7-16-66(d), each limited liability company failing or refusing port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ject to a penalty fee of \$25.00.	
ANNUAL REPOR		
. ID No. <u>00</u>	0990334	
2. Exact Name of	of the Limited Liability Company D and S Holdings, LLC	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
Using the followin	g NAICS codes, please select the code that best describes your business.	
Using the followin	In the provided select the code that best describes your business. $\underline{6} \underline{53}$	
NAICS Code	<u>6 53</u>	nd
NAICS Code		nd
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NAICS Code 4. Brief Descript REAL ESTATE	ion of the Character of the Business Which is Actually Conducted in Rhode Islan	nd
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NAICS Code 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addree Contact Name:	ion of the Character of the Business Which is Actually Conducted in Rhode Islan HOLDING :e Address 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA	
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NAICS Code 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town:	ion of the Character of the Business Which is Actually Conducted in Rhode Islan HOLDING iee Address 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA ess of Limited Liability Company and Name or Title of Contact Person: PHILIP DOAR Contact Title: MEMBER 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA Country: USA Country: USA Country: MEMBER 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA dress of Each Manager of the Limited Liability Company, if Applicable.	
AICS Code 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Addreet	ion of the Character of the Business Which is Actually Conducted in Rhode Islan HOLDING iee Address 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA ess of Limited Liability Company and Name or Title of Contact Person: PHILIP DOAR Contact Title: MEMBER 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA Country: USA Country: USA Country: MEMBER 1093 REYNOLDS RD GLOCESTER State: RI Zip: 02814 Country: USA dress of Each Manager of the Limited Liability Company, if Applicable.	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PHILIP J. DOAR 1093 REYNOLDS RD GLOCESTER, RI 02814

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of October, 2016 at 7:09:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PHIL DOAR</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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