Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Fling Period. September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thity (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 001336005 2. Exact Name of the Limited Liability Company D. Lynes, LLC 3. State of Formation State: RI Lusing the following NAICS codes, please select the code that best describes your business. No. and Street: 58 TELL STREET 1ST City or Town: PROVIDENCE State: RI ZIP: 02909 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DEBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DEBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DEBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DEBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1ST Contact Name: DetBBIE TRIVEDI Contact Title: No. and Street: 58 TELL STREET 1S	S			
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	ACCOUNTING 5. Principal Office Addre No. and Street: 58 T City or Town: PRC 6. Mailing Address of Lin Contact Name: DEBBIE No. and Street: 58 T	PSS <u>FELL STREET 1ST</u> <u>OVIDENCE</u> State mited Liability Company and Nam <u>TRIVEDI</u> Contact Title: <u>ELL STREET 1ST</u>	: <u>RI</u> Zip: <u>02909</u> ne or Title of Contact P	Country: <u>USA</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL J. SILVA, ESQ. 105 MEDWAY STREET PROVIDENCE, RI 02906

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

Signed this 25 Day of October, 2016 at 11:43:33 AM 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>DEBBIE TRIVEDI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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