

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.		me of the limited liabili	ty company							
1007680	DLV RE	DLV REALTY LLC								
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real Estate								
Rhode Island	Real Est									
5. Principal office address 809 Scituate Avenue			City Cranston	State R.I.	Zip 02920					
	ELMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	5-4年底,20年底间					
Contact Name Debra Viticonte			Contact Title Manager							
Street Address 809 Scituate Avenue			City Cranston	State R.I.	Zip 02920					
7, LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOTELIST MEMBERS					
Manager Name Debra Viticonte			Manager Name							
Street Address 809 Scituate Avenue	e		Street Address							
City Cranston	State R.I.	Zip 02920	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN R	AVA 241 / 1 AV2 VA W 1 - 1 / 8 / AV # B1 / V 1 / 1 / 1 V 1 - 1 H 8 V 8 P 8 M		randon el super e par del per elegan el como de la proposició de la como de la proposició de la como de la com		and the second of the second o					
This information is currer	ntly of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.						
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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person.

Date

Debra Viticonte

Print or Type Name of Authorized Person