



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 97888		2. Exact name of the Corporation D.L. INVESTMENT CO., INC			
3. Principal Office Address 123 HIGH STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE MAKING OF INVESTMENTS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID E. LEVEN			Vice-President Name MYRNA R. LEVEN		
Street Address 3221 BURGUNDY DRIVE NORTH			Street Address 3221 BURGUNDY DRIVE NORTH		
City PALM BEACH GARDENS	State FL	Zip 33410	City PALM BEACH GARDENS	State FL	Zip 33410
Secretary Name ALAN J. LEVEN			Treasurer Name DAVID E. LEVEN		
Street Address 41 GALEN COURT			Street Address 3221 BURGUNDY DRIVE NORTH		
City SEEKONK	State MA	Zip 02771	City PALM BEACH GARDENS	State FL	Zip 33410
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative ALAN J. LEVEN			FILED		Date 2-3-17
Signature of Authorized Representative 			FEB 23 2017 		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov