



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 143303		2. Exact name of the limited liability company D.L.S., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT AND MANAGEMENT	
5. Principal office address 1565 DOUGLAS AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name E. ROBERT DEPASQUALE		Contact Title OPERATING MANAGER	
Street Address SAME AS ABOVE		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name DONNA MANUPPELLI		Manager Name SHARIL MARLEY	
Street Address 64 CONNORS FARM		Street Address 22129 N. 80TH LANE	
City SMITHFIELD	State RI	City PHOENIX	State AZ
Zip 02917		Zip 85383	
Manager Name LYNN OLSON		Manager Name	
Street Address 67 KRAUS DRIVE		Street Address	
City N. KINGSTOWN	State RI	City	State
Zip 02852		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name E. ROBERT DEPASQUALE		Address	
Address 1565 DOUGLAS AVENUE		City NORTH PROVIDENCE	Zip 02904

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/26/05	143303*
Check No.	104	
By:		
FOR SECRETARY OF STATE USE ONLY		

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.

9-8-05
Signature of Authorized Person Date
E. ROBERT DE PASQUALE
Print or Type Name of Authorized Person