

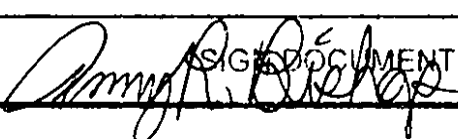


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                 |                                                                                                            |                                               |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000129973</b>                                                                                                                                                                     |                 | 2. Exact name of the Limited Liability Company<br><b>DAAR Bishop, LLC</b>                                  |                                               |                           |                     |
| 3. NAICS Code<br><b>53110</b>                                                                                                                                                                               |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holdings</b> |                                               |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                            |                                               |                           |                     |
| 6. Principal Office Address<br><b>931 Jefferson Boulevard, Suite 2004</b>                                                                                                                                   |                 | City<br><b>Warwick</b>                                                                                     |                                               | State<br><b>RI</b>        | Zip<br><b>02888</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                            |                                               |                           |                     |
| Contact Name <b>Jonathan V. Kalandar</b>                                                                                                                                                                    |                 |                                                                                                            | Contact Title <b>Attorney</b>                 |                           |                     |
| Street Address <b>931 Jefferson Boulevard, Suite 2004</b>                                                                                                                                                   |                 | City <b>Warwick</b>                                                                                        |                                               | State <b>RI</b>           | Zip <b>02888</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                            |                                               |                           |                     |
| Manager Name <b>Amy R. Bishop</b>                                                                                                                                                                           |                 |                                                                                                            | Manager Name <b>Dana A. Bishop</b>            |                           |                     |
| Street Address <b>168 Old Plainfield Pike</b>                                                                                                                                                               |                 |                                                                                                            | Street Address <b>168 Old Plainfield Pike</b> |                           |                     |
| City <b>Foster</b>                                                                                                                                                                                          | State <b>RI</b> | Zip <b>02825</b>                                                                                           | City <b>Foster</b>                            | State <b>RI</b>           | Zip <b>02825</b>    |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                            | Manager Name                                  |                           |                     |
| Street Address                                                                                                                                                                                              |                 |                                                                                                            | Street Address                                |                           |                     |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                        | City                                          | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                            |                                               |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                            |                                               |                           |                     |
| <b>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.</b> |                 |                                                                                                            |                                               |                           |                     |
| Name of Authorized Person<br><b>Amy R. Bishop</b>                                                                                                                                                           |                 |                                                                                                            |                                               | Date<br><b>09/22/2017</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                            |                                               | SIGNED DOCUMENT HERE      |                     |

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

**FILED**

OCT 06 2017

BY

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