

STALLP

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	2. Exact name of the Limited Liability Company				
150520	DV II, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531120	commercial property				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
33 College Hill Road, Building 15			Warwick	RI	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Brian Bucci			Contact Title Managing Member		
Street Address PO Box 6187			City Warwick	State RI	^{Zip} 02887
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			•	Check the box to in	dicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	_
Brian A. Bucci				(0	-2-17
Signature of Authorized Person					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

