

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 796894		2. Exact name of the Limited Liability Company DFS, LLC				
3. NAICS Code 53 D	4. Brief des To acquir	Brief description of the character of business conducted in Rhode Island To acquire by purchase, exchange, lease, hire or otherwise Real Estate Property of				
5. State of Formation	every kin	every kind				
6. Principal Office Address			City	State	Zip	
95 Sockanosset Cross Road, Suite 203			Cranston	RI	02920	
7. Mailing Address of Limite	ed Liability Compa	any and Name or T	itle of Contact Person			
Contact Name Jeffrey Saletin			Contact Title Member	Contact Title Member		
Street Address 95 Sockanosset Cross Road, Suite 203			City Cransotn	State RI	^{Zip} 02920	
8. List ALL managers (nam	es and addresse	s) of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Mamp PU SOLETING			Manager Name	Manager Name		
Sinter Adodress (V) Dan (150) e + C (150) est						
E anster	Die I	8292	L (9ty	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode	Island, This inform	nation is currently of	record with the Department of St	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			ramined this report, including and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person Date 10/16/					12/2017	
Signature of Authorized Per	rson	35.43	2000WENT SECT	7	7 - 7	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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