RI SOS Filing Number: 201752599330 Date: 10/30/2017 4:00:00 PM

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	

1. Entity ID Number <b>001060065</b>		2. Exact name of the Limited Liability Company  DeZill, LLC					
3. NAICS Code 531190		Brief description of the character of business conducted in Rhode Island     OWN AND LEASE REAL ESTATE					
5. State of Formation RI							
6. Principal Office Address 420 ANGEL STREET			City PROVIDENCE	State RI	Zip <b>02906</b>		
	ed Liability Compa	inv and Name or					
7. Mailing Address of Limited Liability Company and Name or Ti Contact Name PATRICIA DELUCA			Contact Title MANAGER				
Street Address PO BOX 1657			City SAGAMORE BEACH	State MA	<sup>Zıp</sup> 02562		
8. List ALL managers (nam	nes and addresses	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST I	MEMBERS		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zıp	City	Stale	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
	<u> </u>	<u> </u>	l	L neck the box to i	ndicate an attachment		
Resident Agent in Rhode	e Island. This inforr	nation is currently	of record with the Department of State. Ch	anges require filir	ng Form 642.		
Under penalty of perjury,	I declare and aff	firm that I have	examined this report, including any				
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date				
Signature of Authorized Pe		uca sigi	N DOCUMENT HERE	10 -	- み み - / フ		

MAIL TO:

**Division of Business Services** 

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

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

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED** 

OCT 3 0 2017

FORM 632 - Revised: 08/2017