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. | 2. Exact name of the limited liabilty company |
|---|---|
| 135104 | DC Leasing, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Real estate ownership, development, leasing and activities related thereto and any other lawful purpose. |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 101 Comstock Parkway, Units 18 & 19 | Cranston | Rhode Island | 02921 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Darren D. Cousins | Manager |

| Street Address | City | State | Zip |
|---|---|---|---|
| 101 Comstock Parkway, Units 18 & 19 | Cranston | Rhode Island | 02921 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
**ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52**

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Darren D. Cousins | 71 Read Street | East Providence | Rhode Island | 02915 |
| | | | | |
| | | | | |

| Manager Name | Street Address | City | State | 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 | Address | City | Zip |
|---|---|---|---|
| Michael S. Pezzullo, Esq. | 376 Broadway | Providence, Rhode Island | 02909 |

*This report must be signed in ink by an authorized person pursuant to 7-16-66.*

[redacted] 135104 [redacted]

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.

Darren D Cousins 9-6-05
*Signature of Authorized Person* *Date*

[redacted] Darren D. Cousins, Manager
*Print or Type Name of Authorized Person*

*File Date* 9/9/05
*Check No.* 3230
*By:* DA
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
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**FILL IN SPACES BEFORE USING ATTACHMENTS** *("X" BOX FOR ATTACHMENT)* ☐
**ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52**

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Darren D. Cousins | 71 Read Street | East Providence | Rhode Island | 02915 |

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
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|---|---|---|---|
| Michael S. Pezzullo, Esq. | 376 Broadway | Providence, Rhode Island | 02909 |

*This report must be signed in ink by an authorized person pursuant to 7-16-66.*

[redacted] 1 3 5 1 0 4 [redacted]

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.

Darren D. Cousins 9-16-04
*Signature of Authorized Person* *Date*

[redacted] Darren D. Cousins, Manager
*Print or Type Name of Authorized Person*

| | |
|---|---|
| *File Date* | 9/20/04 |
| *Check No.* | 2765 |
| *By:* | DA |

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02