

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LI Filing Period: Septe	ABI	LITY COM!	PANY ANN Filing Fee: \$50	NUAL REPORT F	OR THE Y	EAR 2	2005			
(FORM MUST BE TYPE	D OR P	RINTED IN BLACK)		•••						
1. ID No. 135104	2. Exac	name of the limited liabilty company asing, LLC								
3. State of Formation		4. Brief description of	the character of the	business which is actually conducte	ed in Rhade Island					
Rhode Island		Real estate of other lawful	wnership, dev	evelopment, leasing and activities related thereto and any						
5. Principal office addre.				City	State		Zip			
101 Comstock Parkway, Units 18 & 19			£ 19	Cranston	Rhode	Island	02921			
6. MAILING ADDR	ESS O	F LIMITED LIAB	ILITY COMPA	NV AND NAME OF TITLE						
Contact Name			3-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	NY AND NAME OR TITLE OF CONTACT PERSON:						
Darren D. Cousins				.Manager						
Street Address	_		<u></u>	City	State	 ·	17:			
101 Comstock Parkway, Units 18 & 19				·Cranston	Rhode	Icland	<i>Zip</i> 02921			
Manager Name Darren D. Cousins				RES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name						
Street Address				· Street Address						
71 Read Street				<u>·</u>						
City		State	Zip	•City	State		Zip			
East Providenc	e	Rhode Island	02915							
Manager Name				Manager Name	• • • • • • • • •	• • • • •	• • • • • • • • • • • • • • • • • • • •			
Street Address				·Street Address						
City		State	Zip	·City	10		T//			
			,	•	State		Zip			
8. RESIDENT AGENT	IN RH	ODE ISLAND -DO	NOT ALTER- Cha	inges require filing of F	orm 642 - R.I.G.L	. 7-16-11				
*				Address						
Michael S. Pezzullo	ی, ⊏sq.	<u> </u>				_				
Address				City	City					
376 Broadway				Providence, Rh	ce, Rhode Island 02909					

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



File Date	9	9	05					
Check No. 3230								
B _{V:}								
FOR SECRETARY OF STATE USE ONLY								

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.

Davier Courses 9-6

Darren D. Cousins, Manager Print or Type Name of Authorized Person



Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company T. ID No. 135104 DC Leasing, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate ownership, development, leasing and activities related thereto and any Rhode Island 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 City Street Address State Zip 101 Comstock Parkway, Units 18 & 19 Rhode Island .Cranston 02921 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("A" 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 · Manager Name Darren D. Cousins · Street Address Street Address 71 Read Street State City State *Cin ZıD Zio 02915 East Providence Rhode Island Munager Name Manager Name

·Sircei Address

City

Address

City

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

Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11



State

Street Address

Michael S. Pezzullo, Esq.

376 Broadway

City

Address

File Date Check No. FOR SECRETARY OF STATE USE ONLY 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.

State

Providence, Rhode Island

Zip

Zip

02909

Signature of Authorized Person

Darren D. Cousins, Manager

Print or Type Name of Authorized Person