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.

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Entity ID Number	2. Exact nam	ne of the Limited Lia	ability Company		\$-
000796530	D#	& DH L	L		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531311	Rental Property				
5. State of Formation	T DEVITA	1 Proper	79		
RT.					
	<u> </u>				
Principal Office Address	•		City	State	Zip
17 Westerly Avenue			Prividence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Daniel Hunt			Contact Title DWNEr		
Street Address 223 Ha	uden Ro	we St	City Hookinton	State MA	Zip 0/748
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	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate 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					
Daniel Hunt -6/15/18					
Signature of Authorized Person					
SIGN DOCUMENT HERE					

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

FORM 632 - Revised: 10/2017