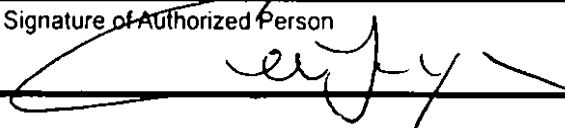




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
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<br><b>102753</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>DPJ Realty, LLC</b>                                                   |                |                         |                     |
| 3. NAICS Code<br><b>523900</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Purchase and develop of real estate.</b> |                |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                            |                |                         |                     |
| 6. Principal Office Address<br><b>99 James P. Murphy Highway</b>                                                                                                                                            |       | City<br><b>West Warwick</b>                                                                                                |                | State<br><b>RI</b>      | Zip<br><b>02893</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                            |                |                         |                     |
| Contact Name<br><b>Peter Arpin</b>                                                                                                                                                                          |       |                                                                                                                            | Contact Title  |                         |                     |
| Street Address<br><b>99 James P. Murphy Highway</b>                                                                                                                                                         |       | City<br><b>West Warwick</b>                                                                                                |                | State<br><b>RI</b>      | Zip<br><b>02893</b> |
| 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 | Zip                                                                                                                        | City           | State                   | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                            | Manager Name   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                            | Street Address |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                        | City           | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                            |                |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                            |                |                         |                     |
| <i>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.</i> |       |                                                                                                                            |                |                         |                     |
| Name of Authorized Person<br><b>Peter Arpin</b>                                                                                                                                                             |       |                                                                                                                            |                | Date<br><b>10/22/18</b> |                     |
| Signature of Authorized Person<br>                                                                                        |       |                                                                                                                            |                | 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](http://www.sos.ri.gov)

**FILED**  
OCT 23 2018  
BY 