State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001667984

2. Exact Name of the Limited Liability Company DL EDUCATION ASSOCIATES LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541690

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO PROVIDE EDUCATIONAL CONSULTING SERVICES AND TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY, INCLUDING, WITHOUT LIMITATION, TO HOLD, OWN, LEASE, IMPROVE, DEVELOP, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL
REAL PROPERTY AND OTHERWISE DEAL WITH AND OBTAIN LOANS ON THE SAME AS OWNER THEREOF, AND TO ACQUIRE AND DEAL WITH PERSONAL PROPERTY OF ANY NATURE, MANNER OR KIND WHATSOEVER TO THE EXTENT NECESSARY, DESIRABLE, CONVENIENT AND APPROPRIATE TO CARRY OUT THE FOREGOING PURPOSES.

5. Principal Office Address

No. and Street: 136 BLUFF AVENUE
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KARIN E. LIIV Contact Title: MEMBER
No. and Street: 136 BLUFF AVENUE

City or Town: CRANSTON State: RI Zip: 02905 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH R. MILLER, ESQ. MILLER & CAINE, LLP 245 WATERMAN STREET, SUITE 403 PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2018 at 11:16:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH R. MILLER, ESQ.
Signature of Authorized Person

Form No. 632
Revised 09/07

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