

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) I. ID No. 2. Exact name of the limited liabilty company 138218 DCL Investments, LLC 3 State of Formation d Relat description of the chara

3. State by 1 ormanon	1		ne ousiness which is actually conducted	in rinoae island		
RHODE ISLAND	Purchase a	nd sale and ma	nagement of real estate			
5. Principal office address			City	State	Zip	
161 ADMIRAL STREET			PROVIDENCE	RI	02908-	
6. MAILING ADDRES	S OF LIMITED 1.	IABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PER	SON:	
Contact Name			Contact Title	Contact Title		
David Lund			•			
Street Address		<u></u>	City	State	Zip	
161 Admiral Stree	et		. Providence	RI	02908	
<u>/1 AN</u>	FILL IN SPA	CES BEFORE USIN	LIMITED LIABILITY COM IG ATTACHMENTS ("X" BOX I UIRES FILING OF AMENDMENT.	OR ATTACHMENT) 🔲		
Manager Name (£1/1	id Chi	ind	• Manager Name • •			
	in gell b	ord	• Street Address	_		
Lincoln	State Bot	2   Zip 02.	fas :City	State	Zip	
Munoger Name		• • • • • • • • •	Manager Name	!	• • • • • • • • • • • • •	
Sircei Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT I	N RHODE ISLAND	-DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L. 7-		
Agent Name			Address			
MICHELLE D. BAKEI	R, ESQ.		55 PINE STREET	•		
Address			City	City Zip		
			PROVIDENCE	02903-		

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



File Daie 12/1 /05
Check No. 1207843
Ву:
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.

02903-

Signature of Authorized Person Date

David C. Lund

Print or Type Name of Authorized Person