



**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)

1. ID No. 120729		2. Exact name of the limited liability company DAG REAL ESTATE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT, MANAGEMENT			
5. Principal office address 1926 Smith Street			City North Providence	State RI	Zip 02911
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ouellet Law Office			Contact Title Attorney Beverly R. Ouellet		
Street Address 1119 Reservoir Avenue			City Cranston	State RI	Zip 02910
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David Piscopiello			Manager Name		
Street Address 30 Rollingwood Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name BEVERLY R. OUELLET, ESQ.			Address		
Address 1119 RESERVOIR AVENUE			City CRANSTON	Zip 02910-	

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



File Date	11/9/05	*120729*
Check No.	172	
By:	[Signature]	
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.

[Signature]  
Signature of Authorized Person  
Date  
David Piscopiello  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No. (120729), Company Name (DAG REAL ESTATE, LLC), State of Formation (RHODE ISLAND), Business Description (REAL ESTATE INVESTMENT, MANAGEMENT), Principal Office Address (1926 Smith Street, North Providence, RI 02911), Mailing Address (1119 Reservoir Avenue, Cranston, RI 02910), and Manager Information (David Piscopiello, Johnston, RI 02919).

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



\* 1 2 0 7 2 9 \*

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.

Signature of Authorized Person: David Piscopiello
Date: 12/8/04

David Piscopiello
Print or Type Name of Authorized Person

File Date: 12/13/04
Check No.: 111
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>120729</b>		2. Exact name of the limited liability company <b>DAG REAL ESTATE, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real Estate Investment/Management</b>			
5. Principal office address <b>Quellet Law Office 1119 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Quellet Law Office</b>			Contact Title <b>Beverly R. Quellet</b>		
Street Address <b>1119 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <b>David Piscopiello</b>			Manager Name		
Street Address <b>30 Rollingwood Drive</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>BEVERLY R. OUELLET, ESQ.</b>			Address		
Address <b>1119 RESERVOIR AVENUE</b>			City <b>CRANSTON</b>	Zip <b>02910-</b>	

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



\* 1 2 0 7 2 9 \*

File Date	<u>10.17.03</u>
Check No.	<u>5651</u>
By:	<u>D</u>
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.

David Piscopiello 9-24-03  
Signature of Authorized Person Date  
**David Piscopiello**  
Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120729		2. Exact name of the limited liability company DAG REAL ESTATE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment/management	
5. Principal office address Ouellet Law Office 1119 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ouellet Law Office		Contact Title Beverly R. Ouellet	
Street Address 1119 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name David Piscopiello		*Manager Name	
Street Address 30 Rollingwood Drive		*Street Address	
City Johnston	State RI	Zip 02919	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Street Address		*Street Address	
City	State	Zip	*City
*Street Address		*Street Address	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BEVERLY R. OUELLET, ESQ.		Address	
Address 1119 RESERVOIR AVENUE		City CRANSTON	Zip 02910-

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



\* 1 2 0 7 2 9 \*

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.

*David Piscopiello* 10-30-02  
Signature of Authorized Person Date

David Piscopiello

Print or type Name of Authorized Person

File Date	<u>11-4-02</u>
Check No.	<u>993</u>
By:	<u>DC</u>
FOR SECRETARY OF STATE USE ONLY	