St.	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -	, in the second s		
	7-16-66(d), each limited liability com thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>000790143</u>			
2. Exact Name of the Limited Liability Company DFST, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
0	ode that best describes the primary information on <u>NAICS</u> can be found		ntity. Download
4. Brief Description of the	Character of the Business Which	is Actually Conducted in	Rhode Island
RENTAL OF CONSTRU	ICTION EQUIPMENT		
5. Principal Office Addres	S		
	CE AGNEW DRIVE H ATTLEBORO Stat	e: <u>MA</u> Zip: <u>02763</u> C	ountry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Persor	):
No. and Street: 45 ALI	CE AGNEW DRIVE	<u>IEMBER</u> e: <u>MA</u> Zip: <u>02763</u> Co	ountry: <u>USA</u>
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, Z	ip Code, Country
8. RESIDENT AGENT IN RI	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONALD J. MARONEY, ESQ. 1041 TEN ROD ROAD, SUITE B NORTH KINGSTOWN, RI 02852

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

**Signed this 3 Day of September, 2019 at 3:40:19 PM 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 CHRISTOPHER TRIBELLI

Signature of Authorized Person

Form No. 632 Revised 09/07

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