RI SOS Filing Number: 201925093210 Date: 10/21/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **Limited Liability Company**

STAMP

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1063633	DLD, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTATE					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
41 RICHARD CIRCLE			SEEKONK	MA	02771	
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person	<u> </u>	•	
Contact Name DENISE DECAPORALE			Contact Title MANAGER			
Street Address 41 RICHARD CIRCLE			City SEEKONK	State MA	Zip 02771	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name DENISE DECAPO	RALE		Manager Name			
Street Address 41 RICHARD CIRCLE			Street Address			
City SEEKONK	State MA	^{Zip} 02771	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents contained	that I have exam herein are true	lined this report, includin and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date	Date	
DENISE DECAPORALE				10/01/20	10/01/2019	
Signature of Authorized Person Spin DOCUMENTHERE Approve						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017