



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. 123843		2. Exact name of the limited liability company D.V.B.K. Realty, 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			
5. Principal office address 136 ALPINE ESTATES DRIVE		City CRANSTON	State RI	Zip 02921-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DONALD LAPIERRE		Contact Title Manager			
Street Address 136 ALPINE ESTATES DRIVE		City CRANSTON	State RI	Zip 02921-	
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 Donald E. Lapierre		Manager Name			
Street Address 136 Alpine Estates Drive		Street Address			
City Cranston	State RI	Zip 02921	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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301			
Address		City PROVIDENCE	Zip 02903-		

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



1 2 3 8 4 3

123843 DLLC 10/13/05 12:28:02 PM

File Date 10/20/05

Check No. 207

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.

Donald E. Lapierre 10/17/05
Signature of Authorized Person Date

Donald E. Lapierre
Print or Type Name of Authorized Person



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)

1. ID No. 123843		2. Exact name of the limited liability company D.V.B.K. Realty, 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			
5. Principal office address 136 ALPINE ESTATES DRIVE		City CRANSTON	State RI	Zip 02921-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DONALD LAPIERRE			Contact Title Manager		
Street Address 136 ALPINE ESTATES DRIVE		City CRANSTON	State RI	Zip 02921-	
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 Donald E. Lapierre		*Manager Name .			
Street Address 136 Alpine Estates Drive		*Street Address .			
City Cranston	State RI	Zip 02921	*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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301			
Address .		City PROVIDENCE	Zip 02903-		

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



1 2 3 8 4 3

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.

Donald E. Lapierre 10/21/04
Signature of Authorized Person Date

Donald E. Lapierre
Print or Type Name of Authorized Person

123843 DLLC 10/14/04 11:37:17 AM

File Date 10/26/04

Check No. 178

By: W.

FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123843		2. Exact name of the limited liability company D.V.B.K. Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 136 ALPINE ESTATES DRIVE		City CRANSTON	State RI	Zip 02921-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Donald Lapierre		Contact Title Manager			
Street Address 136 Alpine Estates Drive		City Cranston	State RI	Zip 02921	
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 (b) (2) / 7-16-52					
Manager Name Donald E. Lapierre		Manager Name			
Street Address 136 Alpine Estates Drive		Street Address			
City Cranston	State RI	Zip 02921	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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301			
Address		City PROVIDENCE	Zip 02903-		

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



1 2 3 8 4 3

123843 DLLC 10/10/03 11:52:33 AM
File Date <u>10/21/03</u>
Check No. <u>147</u>
By: <u>[Signature]</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.

Donald E. Lapierre 10/13/03
Signature of Authorized Person Date
Donald E. Lapierre
Print or Type Name of Authorized Person