



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

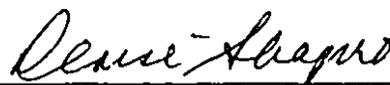
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

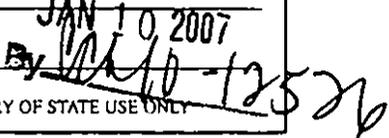
1. ID No. 106951		2. Exact name of the limited liability company DENSCO, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, leasing, improving and developing real estate.			
5. Principal office address 40 Elmgrove Avenue		City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Denise M. Shapiro			Contact Title		
Street Address 135 Westfield Drive		City East Greenwich	State RI	Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Henry R. Kates, Esq.			Address 6 Carol Drive		
Address		City Lincoln	Zip 02865		

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

RECEIVED
 JAN 10 11:26 AM '07
 STATE
 CORPORATIONS DIV

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.

 1/2/07
 Signature of Authorized Person Date
 Denise M. Shapiro D.D.S.
 Print or Type Name of Authorized Person

FILED
 JAN 10 2007
 By: 
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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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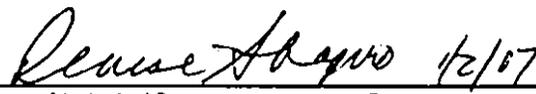
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1/2/07
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File Date	FILED
Check No.	JAN 10 2007
By:	By MA 10-12576
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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File Date	FILED
Check No.	JAN 10 2007
By:	By <i>CM 10-12526</i>
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Denise Shapiro 1/2/07

Signature of Authorized Person Date

Denise M. Shapiro D.D.S.

Print or Type Name of Authorized Person

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2007 JAN 10 PM 1:06

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Denise Shapiro 1/2/07
Signature of Authorized Person Date

Denise M. Shapiro D.D.S.

Print or Type Name of Authorized Person

File Date	FILED
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By:	<i>[Signature]</i>
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Denise Shapiro 1/2/07
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