



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Divist  
100 North Main Str.  
Providence, RI 02903-13  
401.222.30

# 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. 131656		2. Exact name of the limited liability company D & A Investments, 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 INVESTMENTS	
5. Principal office address 477 BUDLONG RD CR		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MR. DOMENIC SGAMBELLONE		Contact Title PARTNER	
Street Address 477 BUDLONG RD		City CRANSTON	State RI
		Zip 02920	
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 DOMENIC SGAMBELLONE		Manager Name	
Street Address 477 BUDLONG ROAD		Street Address	
City CRANSTON	State RI	Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
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 DOMENIC SGAMBELLONE		Address	
Address 477 BUDLONG ROAD		City CRANSTON	Zip 02920

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



File Date	6/5/06	*131656*
Check No.	1041	
By:		
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 of Authorized Person  
Date 3/25/06  
D. SGAMBELLONE  
Print or Type Name of Authorized Person



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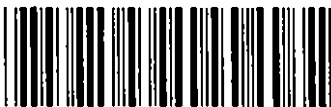
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOMENIC SGAMBELLONE		Contact Title MANAGER			
Street Address 477 BUDLONG ROAD		City CRANSTON	State RI	Zip 02920	
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\* 1 3 1 6 5 6 \*

File Date	9/13/04
Check No.	1557
By:	DA
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 of Authorized Person 9/8/2004  
Date  
D. SGAMBELLONE  
Print or Type Name of Authorized Person