

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

·	er I - November 1 💍 •	Filing Fee: \$50.00					
(FORM MUST BE TYPED OF							
	· ·	name of the limited liability company					
131656	D & A Investments, LLC						
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	REAL ESTATE	INVESTMENTS					
5. Principal office address	0		City	State	Ζφ		
_ / /	OLONG KD	ER_	CRANSTON	R/	02960		
6. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND NAM	ME OR TITLE OF CONTACT	PERSON:	· — — · · ·		
Contact Name MR. DOM	ENIC SGI	AMBELLONE	Contact Title PARTNETL				
			City	State	Zio		
477 600	xove Ro		CRANSTON	121	02920		
7. NAME AND ADDRE	SS OF EACH MANAGE	R OF THE LIMITED LIA	BILITY COMPANY, IF APPL	ICABLE			
ANY		ES BEFORE USING ATT	ACHMENTS ("X" BOX FO. FILING OF AMENDMENT, R.	R ATTACHMENT, I.G.L. 7-16-12 (a			
Manager Name		•	Manager Name	·			
DOMENIC SCAMBELLONE			pranager name	Manager Name			
Sirect Address Bul	NONG RO	ח <i>ירו</i>	Street Address				
CRANSTON	State 2	2402920	City	State	Zip		
Manager Name			Manager Name				
Street Address	· · · · · · · · ·		Street Address				
City	State ;	Zip	City	State	Zip		
8 RESIDENT AGENT	IN PU ODE ICIAND. P	O NOT ALTER Chame	: es require filing of Form 6				
Agent Name	www.	O NO. ALTER - Chang	Address	142 - K.I.G.L. /-1	0-11		
DOMENIC SGAMBELLO	NE				_		
Address			City		Ζφ		
477 BUDLONG ROAD			CRANSTON	CRANSTON			

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

	Under penalty of perjury, I declare and affirm that I have examined this repincleding any accompanying schedules and statements, and that all statements.
File Date: 131656° Check No. 104/ By: FOR SECRETARY OF STATE USE ONLY	contained herein are true and correct. Signature of Authorized Person Date Samuel Contained Date



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2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: Septem		• Filing Fee: \$50.00						
(FORM MUST BE TYPED		··						
1. ID No		name of the limited itability company						
131656	D & A Investments, LL							
3. State of Formation	4. Brief description	of the character of the business	subject is actually conducted in Rhode.	island				
RHODE ISLAND	12am	ESTAGE /	NVESTMENTS					
5 Principal office address	0	<u>-,-,-</u>	CRANSTON	State	Zíp			
477 BUOLONG ROSD			CRANSTON	RI	02920			
		ITY COMPANY AND NA	ME OR TITLE OF CONTACT P	PERSON:	•			
Contact Name			Contact Title					
DOMENIC	SGAMBEL	LONE	MANAGER	MANAGER				
Street Address			City	State	Zip			
477 0	VOLUNG RO	41)	CRANSTON	RI	02920			
7. NAME AND ADDR	ESS OF EACH MANAG	ER OF THE LIMITED LI	ABILITY COMPANY, IF APPLI	CABLE				
		CES BEFORE USING AT	•					
AN	MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R.J	.G.L. 7-16-12 (a	1) (2) / 7-16-52			
Manager Name			Manager Name	Manager Name				
DOMENIO	c SGAME	BELLONE						
			Street Address					
477 0	JOLONG RO	A1)						
City PANS, ON	1 State 21	02920	City	State	Zip			
	<u>!\.</u> ./			I	. 			
Monager Name			Manager Name					
Street Address			Street Address	Sircet Address				
City	State	Zip	City	State	Zip			
		<u> </u>		<u>.</u> 1	_			
	IN RHODE ISLAND -	DO NOT ALTER - Chan	ges require filing of Form 64	42 - R.I.G.L. 7-1	6-11			
Agent Name			Address					
DOMENIC SGAMBELL	ONE							
Address			City	City Z.tp				
477 BUDLONG ROAD			CRANSTON	CRANSTON				
			· · · · · · · · · · · · · · · · · · ·					

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File Date _	9/13/04
Check No	1557
Ву:	OA
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this rept including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Mathorized Person Date

Print or Type Name of Authorized Person