

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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liability company 101773 **DNV Investments, LLC** 3. State of Formation 1. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT RHODE ISLAND 5. Principal office address State Zio **400 RESERVOIR AVENUE** PROVIDENCE RI 02907 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Name Contact Title MAL A SALVADORE Street Address City State Zip 400 RESERVOIR AVENUE . PROVIDENCE RI 02907-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Mal A. Salvadore Street Address · Street Address 400 Reservoir Avenue City State Zip City State Zip Providence RI 02907 Manager Name Manager Name Street Address ·Sircei Address Cin State 7.ip City Sigle Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 Address MAL A. SALVADORE, ESQ. 400 RESERVOIR AVENUE Address City Zıp **PROVIDENCE** 02907

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



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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

Mal A. Salvadore, Esq. Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 101773 DNV Investments, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT RHODE ISLAND 5. Principal office address State Zip 400 RESERVOIR AVENUE **PROVIDENCE** RI 02907 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: . Contact Name Contact Title MAL A SALVADORE Street Address City State Zip 400 RESERVOIR AVENUE, 3G . PROVIDENCE RI 02907-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Mal A. Salvadore Street Address Street Address 400 Reservoir Avenue City State Zip State City Zip Providence RI 02907 Manager Name Manager Name Street Address ·Sircei Address City Siate Ciry Zip State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address MAL A. SALVADORE, ESQ. 400 RESERVOIR AVENUE Address Ciry Zıp PROVIDENCE 02907

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

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FOR SECRETA	ARY 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 berein are true and correct.
	alfredue 1/22/2004
	Signature of Authorized Person Date
	Mal A. Salvadore, Esq.
	Print or Type Name of Authorized Person

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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

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) I ID No 2. Exact name of the limited liabilty company 101773 DNV investments, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT RHODE ISLAND 5. Principal office address State 400 RESERVOIR AVENUE PROVIDENCE RΙ 02907 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MAL A SALVADORE Street Address City State Zip 400 RESERVOIR AVENUE . PROVIDENCE RI 02907-T NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED BIABILITY COMPANY; IF ARELICABLE OF THE LIMITED BIABILITY. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R. G. 1-7-16-12 (a) (2) 1-7-16 Manager Name · Manager Name MAL A SALVADORE Street Address Street Address 400 RESERVOIR AVENUE City State State Zıр City Zip PROVIDENCE RΙ 02907 Manager Name Manager Name Street Address Street Address City State Z_{1D} State Zio 8. RESIDEN LAGENTINERHODE SEAND DO NOT ALTER-Changes require filing of Form 642.5 Richard in Address MAL A. SALVADORE, ESQ. 400 RESERVOIR AVENUE Address City Zip PROVIDENCE 02907

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



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Under penalty of perjury, I declining any accommodation			
and that all statements contained	Therein are tr	ue and correct.	
Malapacon	lue	10/3//	2003
Signature of Authorized Person	<u> </u>	Date	
MAL A. SA Print or Type Name of Authorized		ORK	
Trun or Type Plant by Rumorized	L/3DA	Com	617 Day 6/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPI	ED OR PRINTED IN BL	ACK)						
1. ID No. 2. Exact name of the limited liability company DNV Investments, LLC				.				
	<u> </u>	<u> </u>		- 61 / / /				
3. State of Formation		plion of the character of the b AL AND REAL ESTATE	usiness which is actually conducted INVESTMENT	in Khode Island				
RHODE ISLAND								
5. Principal office addre			City	State	Zip			
400 RESERVOIR	AVENUE		PROVIDENCE	RI	02907			
6. MAJLING ADDI	RESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT P	ERSON:			
Contact Name			Contact Title					
MAL A SALVADO	RE		•					
Street Address	<u> </u>		City	State	Zip			
400 RESERVOIR	AVENUE		. PROVIDENCE	RI	02907-			
7. NAME AND ADI	DRESS OF EACH N	JANAGER OF THE LI	MITED LIABILITY COM	PANY, IF APPL	ICABLE			
· ·	FILL IN S	PACES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMENT				
<u> </u>	ANY MODIFICATION	S TO MANAGERS REQUIR	RES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name			•Manager Name					
MAL A SALVADO	RE		MANAGER	MANAGER				
Street Address			* Street Address					
400 RESERVOIR	AVENUE		•					
City	State	Zip	*City	State	Žip			
PROVIDENCE	RI	02907-	•	ļ.				
Manager Name	• • • • • • • • • •		*Manager Name					
			:					
Sireet Address			·Sireet Address					
			<u> </u>					
City	State	Zip	,City	State	Zip			
8. RESIDENT AGE	J NT IN RHODE ISLA	I ND-DO NOT ALTER- Cha	anges require filing of F	I orm 642 - R.I.G.I	7-16-11			
Agent Name			Address					
MAL A. SALVADO	ORE, ESQ.		400 RESERVOIR	AVENUE, SUIT	TE 3G			
Address			City		Zip			
			PROVIDENCE	PROVIDENCE 02907				
			····		· · · · · · · · · · · · · · · · · · ·			

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

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B <u>y;</u>	2
	TARY OF STATE USE ONLY

Under penalty of perjury, I declare this report, including any accomparand that all statements contained by	lying schedules and statements,
Kula Jegent	Re 1/25/2007
Signature of Authorized Person	Date /
Mal A. Salvadore	

Print or Type Name of Authorized Person

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 101773</u>	Annual Report for the year 2001				
1.	The name of the limited liability compar	ny is:				
	DNV Investments, LLC					
2.	The address of the principal office of the	ne limited liability company is:				
	400 Reservoir Avenue, Provid	lence, Rhode Island 02907				
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident a	agent is: MAL A. SALVADORE, ESQ.				
	400 RESERVOIR AVENUE, SUITE 30	3 PROVIDENCE RI 02907				
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications				
	may be directed are: 400 Reservoir Avenue, Providence, Rhode Island 02907					
	Attn.: Mal A. Salvadore					
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this				
	state: commercial and rea	al estate investment				
7.	If the limited liability company has man Name	agers, the name and address of each manager of the limited liability company Address				
	Mal A. Salvadore	400 Reservoir Avenue, Proivdence, RI 02907				
Da	1ed Section 3/2001	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.				
		DNV Investments, LLC				
	1 0 1 7 7 3	xact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY	B. Meta. perle				
	Date: 4-0/	Its Manager and Sole Member				
	ck No.: 1/67	Title Form No. 632				
Ву:	<i>7.</i>	Revised 01/99				

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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Annual Report for the year 2000

	DEED 101770	Annual Report for the year 2000					
1.	The name of the limited liability com	ipany is:					
	DNV Investments, LLC						
2.	. The address of the principal office of the limited liability company is: 400 Reservoir Avenue, 3G, Providence, RI 02907						
3.	. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND						
4.	The name and address of its resider	nt agent is: MAL A. SALVADORE					
	400 RESERVOIR AVENUE PROVI	DENCE RI 02907					
5.	The current mailing address of the li	imited liability company and the name or title of a person to whom communications					
	may be directed are: 400 Rese	rvoir Avenue, 3G, Providence, RI 02907;					
	ATTN: Mal A. Salva	dore					
6. 7.	state: Commercial and re	of the business in which the limited liability company is actually engaged in this al estate investment nanagers, the name and address of each manager of the limited liability company					
•	ivame	Address					
	Mal A. Salvadore	400 Reservoir Avenue, 3G					
		Providence, RI 02907					
	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. DNV Investments, LLC Exact Name of Limited Liability Company					
File	Date: 10/6	Its Manager and Sole Member					
Chec By:	ck No.: 1152	Its Manager and Sole Member Tide Form No. 632 Revised 01/99					

/ Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number <u>LL 101773</u>	Annual Report for the year 1999				
1.	The name of the limited liability compar	ny is:				
	DNV Investments, LLC					
2.	The address of the principal office of the limited liability company is: 400 Reservoir Avenue, 3G, Providence, RI 02907					
3.		laws of which it is formed is RHODE ISLAND				
4.	MAL A. OALVADOAL					
5.	may be directed are: 400 Reservoir Avenue, 3G, Providence, RI 02907;					
6.	ATTN: Mal A. Salvadore A brief statement of the character of the business in which the limited liability company is actually engaged in the state: Commercial and real estate investment					
7,	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company Address				
	Mal A. Salvadore	400 Reservoir Avenue, 3G				
		Providence, RI 02907				
Dat	ted	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. DNV Investments, LLC Exact Name of Limited Liability Company				
ile	FOR SECRETARY OF STATE USE ONLY Date: 9 - 14-99	By Mula freuence				
hec	ck No.: 10/4	Its Manager and Sole Member Title				
	amc	Form No. 632				