



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 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101773		2. Exact name of the limited liability company DNV Investments, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT			
5. Principal office address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MAL A SALVADORE		Contact Title			
Street Address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI	Zip 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) <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 Mal A. Salvatore		Manager Name			
Street Address 400 Reservoir Avenue		Street Address			
City Providence	State RI	Zip 02907	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 MAL A. SALVADORE, ESQ.		Address 400 RESERVOIR AVENUE			
Address		City PROVIDENCE	Zip 02907		

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



1 0 1 7 7 3

*101773 DLKC 09/06/05 02:26:35 PM*	
File Date	9/21/05
Check No.	1950
By:	A
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 9/19/2005  
Mal A. Salvatore, Esq.  
Print or Type Name of Authorized Person



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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101773		2. Exact name of the limited liability company DNV Investments, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT			
5. Principal office address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MAL A SALVADORE		Contact Title			
Street Address 400 RESERVOIR AVENUE, 3G		City PROVIDENCE	State RI	Zip 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) <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 Mal A. Salvadore		Manager Name			
Street Address 400 Reservoir Avenue		Street Address			
City Providence	State RI	Zip 02907	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 MAL A. SALVADORE, ESQ.		Address 400 RESERVOIR AVENUE			
Address		City PROVIDENCE		Zip 02907	

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



1 0 1 7 7 3

\*101773 DLLC 09/19/03 02:16:19 PM\*

File Date 10/25/04

Check No. 1771

By: MS

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.

Mal A. Salvadore 10/22/2004  
Signature of Authorized Person Date  
Mal A. Salvadore, Esq.  
Print or Type Name of Authorized Person



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. 101773		2. Exact name of the limited liability company DNV Investments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT	
5. Principal office address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI Zip 02907
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name MAL A SALVADORE		Contact Title .	
Street Address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI Zip 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) <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 MAL A SALVADORE		*Manager Name .	
Street Address 400 RESERVOIR AVENUE		*Street Address .	
City PROVIDENCE	State RI	Zip 02907	*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 MAL A. SALVADORE, ESQ.		Address 400 RESERVOIR AVENUE	
Address .		City PROVIDENCE	Zip 02907

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



1 0 1 7 7 3

*101773 DLLC 09/09/03 04:27:58 PM*	
File Date	11/3/03
Check No.	1525
By:	q
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 10/31/2003  
MAL A. SALVADORE  
Print or Type Name of Authorized Person



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

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *101773*		2. Exact name of the limited liability company DNV Investments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL AND REAL ESTATE INVESTMENT	
5. Principal office address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI Zip 02907
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MAL A SALVADORE		Contact Title	
Street Address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI Zip 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) <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 MAL A SALVADORE		Manager Name MANAGER	
Street Address 400 RESERVOIR AVENUE		Street Address	
City PROVIDENCE	State RI	Zip 02907-	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 MAL A. SALVADORE, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3G	
Address		City PROVIDENCE	Zip 02907

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



*101773 DLLC11/22/0212:35:27 PM*
File Date <u>11-26-02</u>
Check No. <u>1336</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.

[Signature] 11/25/2002  
Signature of Authorized Person Date  
Mal A. Salvadore  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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 DLLC 101773

Annual Report for the year 2001

1. The name of the limited liability company is:

DNV Investments, LLC

2. The address of the principal office of the limited liability company is:

400 Reservoir Avenue, Providence, Rhode Island 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 resident agent is: MAL A. SALVADORE, ESQ.

400 RESERVOIR AVENUE, SUITE 3G PROVIDENCE RI 02907

5. The current mailing address of the limited 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. Salvatore

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: commercial and real estate investment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Mal A. Salvatore

400 Reservoir Avenue, Providence, RI 02907

Dated August 31, 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

Exact Name of Limited Liability Company

By [Signature]

Its Manager and Sole Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-4-01

Check No.: 1167

By: [Signature]

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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 DLLC 101773

Annual Report for the year 2000

1. The name of the limited liability company 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 resident agent is: MAL A. SALVADORE  
400 RESERVOIR AVENUE PROVIDENCE RI 02907
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 400 Reservoir Avenue, 3G, Providence, RI 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 real estate investment
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

<i>Name</i>	<i>Address</i>
<u>Mal A. Salvadore</u>	<u>400 Reservoir Avenue, 3G</u>
<u></u>	<u>Providence, RI 02907</u>
<u></u>	<u></u>

Dated October 2, 2000



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*

By 

Its Manager and Sole Member

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6

Check No.: 1152

By: re

Form No. 632  
Revised 01/99

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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 LL 101773

Annual Report for the year 1999

1. The name of the limited liability company 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 resident agent is: MAL A. SALVADORE  
400 RESERVOIR AVENUE PROVIDENCE, RI 02907
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 400 Reservoir Avenue, 3G, Providence, RI 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 real estate investment
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>Mal A. Salvadore</u>	<u>400 Reservoir Avenue, 3G</u>
<u></u>	<u>Providence, RI 02907</u>
<u></u>	<u></u>

Dated \_\_\_\_\_

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

By Mal A. Salvadore

Its Manager and Sole Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-14-99

Check No.: 1014

By: AMF

Form No. 632  
Revised 01/99