



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

OCT 15 2020

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|                                                                                                                                                                                                      |          |                                                                                                                     |                                      |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>134407                                                                                                                                                                        |          | 2. Exact name of the Limited Liability Company<br>DSA Properties, LLC                                               |                                      |                    |              |
| 3. NAICS Code<br>531190                                                                                                                                                                              |          | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and leasing of real estate |                                      |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |          |                                                                                                                     |                                      |                    |              |
| 6. Principal Office Address<br>165 Lakehurst Avenue                                                                                                                                                  |          |                                                                                                                     | City<br>Coventry                     | State<br>RI        | Zip<br>02816 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |          |                                                                                                                     |                                      |                    |              |
| Contact Name David A. Simas                                                                                                                                                                          |          |                                                                                                                     | Contact Title Manager                |                    |              |
| Street Address 165 Lakehurst Avenue                                                                                                                                                                  |          |                                                                                                                     | City Coventry                        | State RI           | Zip 02816    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |          |                                                                                                                     |                                      |                    |              |
| Manager Name David A. Simas                                                                                                                                                                          |          |                                                                                                                     | Manager Name Adam D. DeGraide        |                    |              |
| Street Address 165 Lakehurst Avenue                                                                                                                                                                  |          |                                                                                                                     | Street Address 2642 Park Royal Drive |                    |              |
| City Coventry                                                                                                                                                                                        | State RI | Zip 02816                                                                                                           | City Windemere                       | State FL           | Zip 34786    |
| Manager Name Sean J. Wolfington                                                                                                                                                                      |          |                                                                                                                     | Manager Name                         |                    |              |
| Street Address 630 S. Sapodilla Avenue, Unit 4-415                                                                                                                                                   |          |                                                                                                                     | Street Address                       |                    |              |
| City West Palm Beach                                                                                                                                                                                 | State FL | Zip 33401                                                                                                           | City                                 | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |          |                                                                                                                     |                                      |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |          |                                                                                                                     |                                      |                    |              |
| 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. |          |                                                                                                                     |                                      |                    |              |
| Name of Authorized Person<br>David A. Simas, Manager                                                                                                                                                 |          |                                                                                                                     |                                      | Date<br>10-12-2020 |              |
| Signature of Authorized Person                                                                                                                                                                       |          |                                                                                                                     |                                      |                    |              |

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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