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.	2. Exact name of the limited liability company
91199	DLG, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING REAL ESTATE

5. Principal office address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
FRANK N RAY	

Street Address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

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	Street Address	City	State	Zip
Frank N. Ray	228 Spring Street	Newport	RI	02840

8. RESIDENT AGENT IN RHODE ISLAND *DO NOT ALTER* **Changes require filing of Form 642 R.I.G.L. 7-16-11**

Agent Name	Address	City	Zip
FRANK N. RAY, ESQ.	1500 FLEET CENTER	PROVIDENCE	02903
Hinckley, Allen & Snyder LLP			

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

[redacted] 91199 [redacted]

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

Frank N Ray — 7/31/06
Signature of Authorized Person — *Date*

[redacted] Frank N. Ray
Print or Type Name of Authorized Person

91199 DLLC 10/26/05 10:23:38 AM
File Date FILED
Check No. AUG 01 2006
By: By 42-080104
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 6/02

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.	2. Exact name of the limited liability company
91199	DLG, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING REAL ESTATE

5. Principal office address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
FRANK N RAY	

Street Address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

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	Street Address	City	State	Zip
Frank N. Ray	228 Spring Street	Newport	RI	02840

8. RESIDENT AGENT IN RHODE ISLAND - *DO NOT ALTER* - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
FRANK N. RAY, ESQ.	1500 FLEET CENTER	PROVIDENCE	02903

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

[redacted] 91199 [redacted]

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.

Frank N Ray — 9/30/04
Signature of Authorized Person — *Date*

[redacted] Frank N. Ray
Print or Type Name of Authorized Person

91199 DLLC 09/27/04 03:07:13 PM
File Date 11/8/04
Check No. 3046
By: G.
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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.	2. Exact name of the limited liabilty company
91199	DLG, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING REAL ESTATE

5. Principal office address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
FRANK N RAY	

Street Address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

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	Street Address	City	State	Zip
Frank N. Ray	228 Spring Street	Newport	RI	02840

Manager Name	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	Address	City	Zip
FRANK N. RAY, ESQ.	1500 FLEET CENTER	PROVIDENCE	02903

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

[redacted] 91199 [redacted]

91199 DLLC 03/19/04 11:50:45 AM
File Date FILED
Check No. MAY 14 2004
By: By M31341
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.

Frank N. Ray — May 14, 2004
Signature of Authorized Person — *Date*

[redacted] Frank N. Ray
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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.	2. Exact name of the limited liabilty company
91199	DLG, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING REAL ESTATE

5. Principal office address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
FRANK N RAY	

Street Address	City	State	Zip
228 SPRING STREET	NEWPORT	RI	02840

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	Street Address	City	State	Zip
Frank N. Ray	228 Spring Street	Newport	RI	02840

Manager Name	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	Address	City	Zip
FRANK N. RAY, ESQ.	1500 FLEET CENTER	PROVIDENCE	02903

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

[redacted] *91199*

91199 DLLC9/18/0212:31:45 PM

File Date

Check No. DEC 31 2002

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.

Frank N Ray 11/1/02

Signature of Authorized Person *Date*

[redacted] Frank N. Ray

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 91199

Annual Report for the year 2001

1. The name of the limited liability company is:

   DLG, LLC

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

   228 Spring Street, Newport, RI 02840

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: **Frank N. Ray**

   1500 Fleet Center, Providence, RI 02903

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: DLG, LLC; Frank N. Ray, Manager,

   228 Spring Street, Newport, RI 02840

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

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

Name	*Address*
Frank N. Ray	228 Spring Street, Newport, RI 02840

Dated 4/15/02

91199

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.

DLG, LLC
Exact Name of Limited Liability Company

By Frank N Ray

Frank N. Ray, Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 4-19-02
Check No.: 142658
By: AMF

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 91199 **Annual Report for the year** 2000

1. **The name of the limited liability company is:**

   DLG, LLC

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

   228 Spring Street, Newport, RI

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:** JOHN R. GOWELL, JR.

   PEABODY & ARNOLD ONE CITIZENS PLAZA PROVIDENCE RI 02903

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:** DLG, LLC; Frank N. Ray, Manager,

   228 Spring Street, Newport, RI 02840

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

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

Name	*Address*
Frank N. Ray	228 Spring Street, Newport, RI 02840

Dated September 7, 2000

91199

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.

DLG, LLC
Exact Name of Limited Liability Company

By Frank N Ray

Frank N. Ray, Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9-8-00
Check No.: 017521
By: AMF

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 91199 **Annual Report for the year** 1999

1. The name of the limited liability company is:

   DLG, LLC

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

   228 Spring Street, Newport, RI 02840

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: JOHN R. GOWELL, JR.

   PEABODY & ARNOLD ONE CITIZENS PLAZA PROVIDENCE, RI 02903

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: Frank N. Ray, Manager, 228 Spring Street, Newport, RI 02840

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

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

Name	*Address*
Frank N. Ray	228 Spring Street, Newport, RI 02840

Dated October 13, 1999

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.

DLG, LLC
Exact Name of Limited Liability Company

By Frank N Ray

Frank N. Ray, Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
OCT 15 1999
Check No.: CC 25435
By:

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 91199 **Annual Report for the year** 1998

1. The name of the limited liability company is:

   DLG, LLC

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

   228 Spring Street, Newport, RI 02840

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: JOHN R. GOWELL, JR.

   PEABODY & ARNOLD ONE CITIZENS PLAZA PROVIDENCE, RI 02903

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: DLG, LLC; Frank N. Ray, Manager, 228 Spring Street, Newport, RI 02840

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

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

Name	*Address*
Frank N. Ray	228 Spring Street, Newport, RI 02840

Dated 10/2, 1998

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.

DLG, LLC
Exact Name of Limited Liability Company

By Frank N Ray
Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: OCT 02 1998
Check No.: By CC23432
By:

FILED

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

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

RECEIVED
APR 28 12 38 PM '98
SECRETARY OF STATE
CORPORATIONS DIVISION

LIMITED LIABILITY COMPANY

ID Number 0091199

Annual Report for the year 1998

1. The name of the limited liability company is:

   DLG, LLC

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

   228 Spring Street, Newport, Rhode Island 02840

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: John R. Gowell, Jr., c/o Peabody & Arnold, One Citizens Plaza, Suite 840, Providence, Rhode Island 02903

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: 228 Spring Street, Newport, Rhode Island 02840 Attn: F.N. Ray

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Ownership and Management

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

Name	*Address*

Dated 4/15, 1998

FILED
APR 28 1998
By [signature] #9
203098

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.

DLG, LLC
Exact Name of Limited Liability Company

By [signature] Frank N. Ray

Member
Title

Form No. LLC-19
Revised 8/97