

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 491 222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	D OR PR	RINTED IN BLACE	K)						
91199	2 Exact DLG,	I name of the limite	d liabilty company					· <u> </u>	
3 State of Formation		4. Brief description	n of the character of the b	usiness which is actually conduc	ed in Rhode Island	·-			
RHODE ISLAND		OWNING REAL	BSTATE						
5. Principal office addre	55	·		City	State		Zip		
228 SPRING STREET				NEWPORT	RI		028	40	
6:MAILING ADDI	ESS O	FLIMITED LI	ABILITY COMPAN	YAND NAME OR TITL		DEDEGAL			
Contact Name FRANK N RAY		a and a destruction of a garantee Arca, Arca, Arca, deposit to the annual section of the section		Contact Title		TERMONIA.		the barriers of the same	
Street Address	_		 	City	State		7		
228 SPRING STR	EET			. NEWPORT	RI		<i>Ζιρ</i> 028	4.0	
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Frank N. Ray				•					
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228 Spring Str	eet			•					
City		State	Zip	*City	State		Zıp		
Newport		RI	02840	•			1		
Manager Name	• • • •	••••••	• • • • • • • • • • • • • • • • • • • •	Munager Name		• • • • •	1	· • • • • • • •	
Street Address				• Street Address					
City	-	State	Zıp	City	State	 -	Zip	 _	
8. RESIDENT AGEN Igent Name FRANK N. RAY, E		ÖDE ISEAND	DO NOT ALTER- Cha	nges require filing of		L.7-16-11 SQ			
	<u>su.</u>			1500 FLEET CE	NTER				
Address				City		Zip	.,	_	
Hinckley, Alle	n & S	nyder LLP		PROVIDENCE		02903	1		
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rt ·									

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



91199 DLLC 10/26/05 10:23:38 AM

File Date FILED

Check No. AUG 0 1. 2005

By: U2-080101

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

Frank N. Ray

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Sep	ptember I - November YPED OR PRINTED IN BI	1 • Filing Fee: \$50	0.00	311 1112 1	
1. ID No.		ACK) imited liabilty company			
91199	DLG, LLC	maeu aubary company			
3. State of Formation	4. Brief descr	iption of the character of the	business which is actually conduct	ed in Rhode Island	
RHODE ISLANI		EAL ESTATE	,		
5. Principal office ad			City	State	Zip
228 SPRING S	STREET		NEWPORT	RI	02840
6. MAILING AD	DRESS OF LIMITE	LIABILITY COMPA	NYANDENAME OR TITLE	COF CONTACT	PERSON
Contact Name FRANK N RAY			Contact Title		The state of the s
Street Address		 	City	State	Zip
228 SPRING S	TREET		. NEWPORT	RI	02840
一声激发的 多数	Contraction of the second of t	SPACES BEFORE USING,	IMITED LIABILITY CON ATTACHMENTS 4 ("X" BOX RES FILING OF AMENDMENT. • Manager Name	EOR ATTACHMENT	了阿克巴斯特的影響的表現
Frank N. Ray			•		
Street Address			Street Address	<u> </u>	
228 Spring S	treet		•		
City	State	Zip	*City	State	Zip
Newport	RI	02840	•		
Manager Name		• • • • • • • • • • • •	Manager Name	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Street Address			•Street Address		
City	State	Zip	City	State	Zip
8 RESIDENT ACT	NT IN DUODE ICIAN	D'no voz vizso os	nges regulre filing of l		
Agent Name		D.DO HOLMEIGH. CIII	Address	orm 642 - R.I.G.	7-16-11
FRANK N. RAY,	ESQ.		1500 FLEET CE	NTER	
Address			City		Zip
_ 		<u> </u>	PROVIDENCE		02903

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



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File Date	11	Ŷ	04	
Check No	30) }\	<u></u>	
В <u>у:</u>	<u></u>	٠		
FOR SECRI	ETARY	OF S	TATE	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

1

Frank N. Ray

Print or Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Scpt	ember 1 - Novei	nber l • Filing Fce	MNNUAL REPORT F	OK THE YEA	R 2005
(FORM MUST BE TYP	ED OR PRINTED .	IN BLACK)			
1. ID No. 91199	2. Exact name of DLG, LLC	the limited liabilty company	,		
3. State of Formation	4. Brief	description of the character	of the business which is actually conducte	ed in Rhode Island	
RHODE ISLAND	OWNIN	IG REAL ESTATE	• • • • • • • • • • • • • • • • • • • •		
5. Principal office addr			City	State	Zip
228 SPRING ST			NEWPORT	RI	02840
6. MAILING ADD Contact Name FRANK N RAY	RESS _, OF LIMI	LED TIVBILITA CO	MPANY AND NAME OR TITLE Contact Title	OF CONTACT PER	SON:
Street Address 228 SPRING STE			City	State	Zip
			NEWPORT	RI	02840
Manager Name	FILL	IN SPACES BEFORE US	HE LIMITED LIABILITY CONSING ATTACHMENTS ("X" BOX EQUIRES FILING OF AMENDMENT. Manager Name	FOR ATTACHMENTS	
Frank N. Ray Street Address	<u></u>				
228 Spring St	reet		· Street Address	<u> </u>	
City	State	Zip	• • • • • • • • • • • • • • • • • • • •		
Newport	RI	02840	City	State	Zıp
Manager Name			Manager Name	• • • • l• • • • • • • • • •	
Street Address		 - <u>-</u>	Street Address		
City	State	Zip	Ciry	State	Zip
9 DECIDENT ACES			· ·		
Agent Name	I IN RHODE IS	LAND -DO NOT ALTER-	Changes require filing of F	orm 642 - R.I.G.L. 7-1	6-11
FRANK N. RAY, E	:so		Address		
Address		_	1500 FLEET CEN		
			PROVIDENCE	Zip	•
_	_		PROVIDENCE	0	2903
This was and much be					
nis report must be	signea in ink	by an authorized perso	on pursuant to 7-16-66.		
					_
	•		Under penalty of pe	rjury, I declare and affirm	n that I have examined
			this report, includin	g any accompanying sch	edules and statements,
91199 DLLC 03/1	9/04 11:50:45	AM	and that all statemen	nts contained herein are	rue and correct.
File Date FIL	בע		Siando	1/Nin	
Check No. MAY 1 4 2004			Signature of Authorize	ed Person	May 14, 2004

Frank N. Ray

Print or Type Name of Authorized Person



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 T	PED OR PRINTED IN BL	ACK)						
<i>I. ID No.</i> *91199*	2. Exact name of the li	ame of the limited liabilty company C						
3. State of Formation			business which is actually condu	cted in Rhode Island				
RHODE ISLAN		EAL ESTATE						
5. Principal office ad	dress	<u> </u>	City	State	Zip			
228 SPRING S	STREET		NEWPORT	RI	02840			
6 MAILING AD Contact Name FRANK N RAY	DRESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TIT! Contact Title	LE OF CONTACT PE	RSON I			
Street Address		<u> </u>	City	State	Zip			
228 SPRING S	TREET		NEWPORT	RI	· 02840			
Manager Name Frank N. Ray	ANY MODIFICATION	SPACES BEFORE USING S TO MANAGERS REQUI	ATTACHMENTS ("X" BO RES FILING OF AMENDMEN Manager Name	DX FOR XTTACHMENT): T. R.L.G.L. 7-16-12 (a) (2)	7-16-52			
Street Address			• Street Address	• Street Address				
228 Spring S	treet		•					
City	State	Zip	*City	State	Zip			
Newport	RI	02840	•		·			
Manager Name		• • • • • • • • • • •	Manager Name					
Street Address	<u> </u>		Street Address	 -				
City	State	Zip	City	State	Zip			
Agent Name		ND DO NOT ALTER CH	anges require filling o	f Form 642 - RI GL	160 . 4			
FRANK N. RAY	′, ESQ.		1500 FLEET C	ENTER				
Address			City		Zip			
			PROVIDENCE		02903			

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



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File Date	ا ما معال المعال ال
Check No	DEC 3 1 2002
B <u>v</u>	BYCHELLO
FOR SECRE	ETARY 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
Print or Type Name of Authorized Person

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

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ID	Number	DLLC	91	199
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ID	Number DLLC 91199	Annual Report for the year 2001
1.	The name of the limited liability con	npany is:
	DLG, LLC	
2.	The address of the principal office of	of the limited liability company is:
	228 Spring Street, Newpor	t, 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 reside	
	1500 Fleet Center, Provid	ence, RI 02903
5.	The current mailing address of the I	imited liability company and the name or title of a person to whom communication
	may be directed are:DLG, _LLC;	
	228 Spring Stree	t, Newport, RI 02840
 7. 	state: owning real estate If the limited liability company has m Name	of the business in which the limited liability company is actually engaged in this anagers, the name and address of each manager of the limited liability company Address
	Frank N. Ray	228 Spring Street, Newport, RI 02840
File [9 1 1 9 9 OR 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. DLG, LLC Exact Name of Limited Liability Company By Hand N. Ray, Manager Title
By:	AMF	Form No. 632 Revised 01/99

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 comp	pany is:
	DLG, LLC	·
2.	The address of the principal office of	the limited liability company is:
	228 Spring Street, Newpor	ct, RI
3.	The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	tagentis: JOHN R. GOWELL, JR.
	PEABODY & ARNOLD ONE CITIZE	NS PLAZA PROVIDENCE RI 02903
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communication
	may be directed are: DLG, LLC;	Frank N. Ray, Manager,
	228 Spring Street, Newpo	ort, RI 02840
6. 7.	state: owning real estate	of the business in which the limited liability company is actually engaged in this anagers, the name and address of each manager of the limited liability company Address
	Frank N. Ray	228 Spring Street, Newport, RI 02840
		
Da	ted September 7, 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. DLG, LLC Exact Name of Limited Liability Company
I	FOR SECRETARY OF STATE USE ONLY Date: 9-8-00	By Frank NIVY
Che	ck No.: 9752/	Frank N. Ray, Manager Title
ſ	α	Form No. 632

Form No. 632 Revised 01/99

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 <u>LL 91199</u>	Annual Report for the year 1999
1.	The name of the limited liability company is	s:
	DLG, LLC	
2.	The address of the principal office of the lin	
	228 Spring Street, Newport,	RI 02840
3.	The state or other jurisdiction under the lav	vs of which it is formed is RHODE ISLAND
4.	The name and address of its resident agen	nt is: JOHN R. GOWELL, JR.
	PEABODY & ARNOLD ONE CITIZENS PL	AZA PROVIDENCE, RI 02903
5.	The current mailing address of the limited I	iability company and the name or title of a person to whom communications
		anager, 228 Spring Street, Newport, RI 02840
7.	Name	s, the name and address of each manager of the limited liability company Address
	Frank N. Ray	228 Spring Street, Newport, RI 02840
Date	od 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
—	* 9 1 1 ₆₆ 9 119 9 7 6 120	Exact Name of Limited Liability Company
rile Γ	= # 1 at 1 at 2 at 1 at 1 at 1 at 1 at 1 at	By Many / Day
Check	No.: OCT 15 1999 Alta 0.38	Frank N. Ray, Manager
By:	By <u>CC 25435</u>	Title Form No. 632 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

	•	LIMITED LIABILITY COMPANY
ID	Number LL 91199	Annual Report for the year 1998:
1.	The name of the limited liability compa	uny is:
2.	The address of the principal office of the 228 Spring Street, Newport, RI 028	• •
3. 4.	The state or other jurisdiction under the The name and address of its resident a	e laws of which it is formed is RHODE ISLAND agent is: JOHN R. GOWELL, JR.
5.		S PLAZA PROVIDENCE, RI 02903 DIG, LLC; Frank N. Ray, Manager, 228 Spring Street, Newport, RI 02840
6.7.	state:owning real estate If the limited liability company has man	the business in which the limited liability company is actually engaged in this largers, the name and address of each manager of the limited liability company
	Name Frank N. Ray	Address 228 Spring Street, Newport, RI 02840
	ed	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
File I	OR SECRETAR LEST ATE USE ONLY Date: OCT 0 2 1990 k No.: By 0.23432	By Manager Title

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

	LIM	IITED LIABILITY COMPANY
ID	Number <u>0091199</u>	Annual Report for the year 2947 m
1.	The name of the limited liability company DLG, LLC	is:
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.	4. The name and address of its resident agent is: <u>John R. Gowell, Jr., c/o Peabody & Arnold</u> ,	
	One Citizens Plaza. Suite 80	40. Providence. Rhode Island 02903
	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:	
	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 mana company Name	igers, the name and address of each manager of the limited liability Address
Date	FILED APR 2 8 1998 By 103091	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 Frank N. Ray
. .		Member Title

Form No. LLC-19 Revised 8/97