

State of Rhode Island Department of State - Business Services Division

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2023 JUN 15 A II: 27

Annual Report for the year: 202 Limited Liability Company

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number  | 2. Exact name of the Limited  | Liability Company       |                |                |
|--|---|-------------------------|----------------|----------------|
| 001740296  | DD INVUSTMENT TRUST LLC   |                         |                |                |
|  | 4. Brief description of the character of business conducted in Rhode Island |                         |                |                |
| 3, NAICS Code  | property investment/purchase  |                         |                |                |
| 5. State of Formation  |   |                         |                |                |
| RIT.   |   |                         | 12:            | 7:-            |
| 6. Principal Office Address  |   | Portsmouth              | State R        | 240<br>(A) (A) |
| 86 Lilac Lave  |   |                         |                | 10 20 11       |
| 7. Mailing Address of Limited Li   | isbility Company and Name or  | Title of Contact Person |                |                |
| Contact Name Andrew Daigle   |   | Contact Title           |                |                |
| Street Address SC Lilac LN   |   | city portsmouth         | State 2 (      | 202871         |
| 8. 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  |   |                         | Date 6-15-2023 |                |
| Andrew Daigle Signature of Authorizad Person   |   |                         |                | 1 1 3 4 5      |
| Signature of Authorized Person   |   |                         |                |                |
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MAIL TO:

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