

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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.

| K.T | |
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| REC'D RI DOS ESD 4 APR 2 PH12:10:33 | amp |

| 1. Entity ID Number 000101627 | 2. Exact name of the Limited Liability Company D & C Associates, LLC | | | | |
|--|--|------------------------------------|-----------------------|----------------------|--|
| 3. NAICS Code 531390 | 4. Brief description of the character of business conducted in Rhode Island To acquire, own, operating, develop, lease and manage real property. | | | | |
| 5. State of Formation RI | | | | | |
| • | | City Warwick | State RI | Zip 02886 | |
| 7. Mailing Address of Limite | ed Liability Company and Nam | e or Title of Contact Person | · <u></u> | · · | |
| Contact Name Donald P. Rodrigues | | Contact Title Authorized Person | | | |
| Street Address 190 Commerce Drive, Suite 100 | | City Warwick | State RI | Zip 02886 | |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is a | ccurate. Changes requ | ire filing Form 642. | |
| Under penalty of perjury, statements, and that all s | I declare and affirm that I ha tatements contained herein a | ve examined this report, includers | ding any accompany | ing schedules and | |
| Name of Authorized Person Donald P. Rodrigues | Somo C. | P. Roelin | oate 3- | 12-24 | |
| Signature of Authorized Per | rson | 1 | | | |

MAIL TO:

Division of Business Services

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