



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

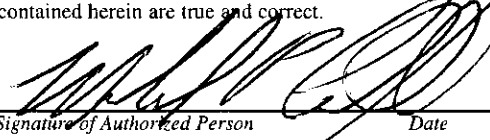
1. ID No. 119411		2. Exact name of the limited liability company KRAUS FAMILY COTTAGE, LLC			
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island Property Management of Beach Cottage - No Rental Activity			
5. Principal office address c/o Cahill ~ 11 Daniel Circle		City Suffield		State CT	Zip 06078
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael P. Cahill		Contact Title Co-Manager			
Street Address 11 Daniel Circle		City Suffield		State CT	Zip 06078
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Michael P. Cahill		Manager Name Barry J. Basile			
Street Address 11 Daniel Circle		Street Address 14 Sutton Drive			
City Suffield	State CT	Zip 06078	City North Granby	State CT	Zip 06060
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

119411

File Date _____
Check No. _____
By: _____
FILED SEP 21 2009 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 9/10/09
Michael P. Cahill
Print or Type Name of Authorized Person