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.	2. Exact name of the limited liability company
119411	KRAUS FAMILY COTTAGE, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
CONNECTICUT	Property Management of Beach Cottage - No Rental Activity

5. Principal office address	City	State	Zip
c/o Cahill ~ 11 Daniel Circle	Suffield	CT	06078

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

Contact Name	Contact Title
Michael P. Cahill	Co-Manager

Street Address	City	State	Zip
11 Daniel Circle	Suffield	CT	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	Manager Name
Michael P. Cahill	Barry J. Basile
Street Address	Street Address
11 Daniel Circle	14 Sutton Drive
City / State / Zip	City / State / Zip
Suffield / CT / 06078	North Granby / CT / 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

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

119411

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

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 21 2009
By 299335

Form 632 Rev. 08/08