



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

[LOGOUT](#)

Limited Liability Company
Annual Report

1999/2000 September 1 - November 1

As an annual report, this filing is required for all limited liability companies that have been formed in Rhode Island and are required to file an annual report with the Secretary of State. The filing fee is \$50.00.



Help

ANNUAL REPORT YEAR: <input type="text" value="2009"/>
1. ID No. <input type="text" value="000480973"/>
2. Exact Name of the Limited Liability Company <input type="text" value="AMY H. SHERMAN FAMILY LLC"/>
3. State of Formation State: <input type="text" value="RI"/>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <input type="text" value="Investments"/>
5. Principal Office Address No. and Street: <input type="text" value="29 ICE POND ROAD"/> City or Town: <input type="text" value="WESTERLY"/> State: <input type="text" value="RI"/> Zip: <input type="text" value="02891"/> Country: <input type="text" value="USA"/>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <input type="text" value="JOAN A MCCORMICK"/> Contact Title: <input type="text" value="TRUSTEE"/> No. and Street: <input type="text" value="29 ICE POND ROAD"/> FILED NOV 10 2009 By <u>2075</u>

10/9/2009

State of Rhode Island and Providence Pl...

City or Town: WESTERLY State: RI Zip: 02891 Country:

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

First Name: Middle Name: Last Name: Suffix: Address: City: State: Zip: Country: Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOAN A. MCCORMICK, ESQ. 29 ICE POND ROAD WESTERLY , RI 02891

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: JOAN A. MCCORMICK, ESQ. Business Name: No. and Street: 29 ICE POND ROAD Resident/Registered Agent City or Town: WESTERLY State: RI Zip: 02891 Country: Contact Phone: 401-596-6555 ext: Contact Email: joanamccormick1@cox.net Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 9 Day of October, 2009 at 9:08:28 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Joan A. McCormick, Esq. Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal causes of action arising from the submission of this filing

Accept Decline

NOV 10 2009

By 480973