



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. 397001		2. Exact name of the limited liability company RAFFERTY PROPERTIES, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OVERNIGHT BUDS RENTED - NO HOTELS OR INNS	
5. Principal office address 6 Warrens PT. Road		City Little Compton	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ← MICHAEL B. RAFFERTY			
Street Address 6 Warrens PT. Road		City Little Compton	State RI
Zip 02837			
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	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2010 APR 15 AM 11:53

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

APR 15 2010 11:53

By 116253
KMC

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.

Michael B. Rafferty 4-11-10
Signature of Authorized Person Date

MICHAEL B. RAFFERTY
Print or Type Name of Authorized Person

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

RAFFERTY PROPERTIES, LLC Summary Screen



Help with this form

Items that appear in red contain data that is not available to the general public.

The exact name of the Domestic Limited Liability Company: RAFFERTY PROPERTIES, LLC

Entity Type: Domestic Limited Liability Company

CID: FK52I2

Identification Number: 000397001 *X*

Date of Organization in Rhode Island: 05/21/2008

Date of Revocation Notice: 03/19/2010

The location of its principal office:

No. and Street: 6 WARRENS POINT ROAD
City or Town: LITTLE COMPTON State: RI Zip: 02837 Country: USA

The mailing address or specified office:

No. and Street: *same as above* State: Zip: Country:

Agent Resigned: N

Address Maintained: Y

The name and address of the Registered Agent:

No. and Street: 6 WARRENS POINT ROAD
City or Town: LITTLE COMPTON State: RI Zip: 02837
Name: MICHAEL BURNS RAFFERTY

The limited liability company is to be managed by its Members

The name and business address of each manager:

only Michael Burns Rafferty

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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Renting beds for visitors in Little Compton Purpose

Select a type of filing from below to view this business entity filings: