



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 396451		2. Exact name of the limited liability company BAYWINDS CONDOMINIUMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To complete construction and offer to sell six condominium units located at 3960 Post Road, Warwick, Rhode Island			
5. Principal office address 3970 Post Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas DeFelice		Contact Title Manager			
Street Address 3970 Post Road		City Warwick	State RI	Zip 02886	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name 3960 Post Road, LLC		Manager Name MR Development, LLC			
Street Address 3970 Post Road		Street Address 900 Mineral Spring Avenue			
City Warwick	State RI	Zip 02886	City North Providence	State RI	Zip 02904
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 Form 642.					

FILED

JUL 05 2012

By: 124287
DS

File Date _____
Check No _____
By: _____
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 [Signature] Date 7/5/12
 Print or Type Name of Authorized Person Thomas L. DeFelice