

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
 LOGOUT 		
Limited Liability Company Annual Report Filing Period: September 1 - November 1		
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.		
 Help with this form		
ANNUAL REPORT YEAR: 2012		
1. ID No. <u>000136242</u>		
2. Exact Name of the Limited Liability Company <u>Lawrence P. Bowen Properties, LLC</u>		
3. State of Formation State: <u>RI</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNS PROPERTY FOR LEASE		
FILED AUG 14 2012		
5. Principal Office Address		
No. and Street: 235 PLAIN STREET, SUITE 304		By <u>[Signature]</u> CA # 2533
City or Town: PROVIDENCE	State: <u>RI</u>	Zip: 02905 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>LAWRENCE P. BOWEN</u>		Contact Title: _____
No. and Street: 235 PLAIN STREET, SUITE 304		
City or Town: PROVIDENCE	State: <u>RI</u>	Zip: 02905 Country: USA
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:
			<input type="button" value="Clear"/>
			<input type="button" value="Add"/>

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

LAWRENCE P. BOWEN, M.D. 235 PLAIN STREET, SUITE 304 PROVIDENCE, RI 02905-

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.) — SAME AS LLC INFORMATION

Contact Name: LAWRENCE P BOWEN

Business Name: LAWRENCE P BOWEN PROPERTIES LLC

No. and Street: 235 PLAIN ST - Same Address as -

SUITE 304

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

Contact Phone: 401-331-9140 ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 9 Day of August, 2012 at 12:09:49 PM 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 Lawrence P. Bowen
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 issues or causes of action arising from the submission of this

Accept Decline

FILED

[Click HERE to Submit This Information](#)

AUG 14 2012

Form No. 632
Revised 09/07

By MTC
#136242