



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 2012

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. 114760		2. Exact name of the limited liability company TWIN LANTERNS LLC.	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island CAMPING CABINS + TENT SITES (CAMPGROUND)	
5. Principal office address 1172 W. MAIN RD.		City PORTSMOUTH	State RI
		Zip 02871-1320	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT L. BRYANT		Contact Title AUTHORIZED AGENT	
Street Address SAME		City	State
		Zip	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("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 ROBERT L. BRYANT			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 04 2012

By

mac
CR # 2868

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.

Robert L. Bryant
Signature of Authorized Person

8-18-12
Date

ROBERT L. BRYANT
Print or Type Name of Authorized Person