



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. 152468		2. Exact name of the limited liability company Bailey's Ledge LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO HOLD REAL ESTATE			
5. Principal office address 201 W. 74TH STREET, APT. 12G		City NEW YORK	State NY	Zip 10023	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHARINE K. MERRIMAN			Contact Title		
Street Address 201 W. 74TH STREET, APT. 12G		City NEW YORK	State NY	Zip 10023	
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 KATHARINE K. MERRIMAN			Manager Name ANNE M. WELLS		
Street Address 201 W. 74TH STREET, APT. 12G			Street Address 2 HAMPTON ROAD		
City NEW YORK	State NEW YORK	Zip 10023	City DARIEN	State CT	Zip 06820
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

SEP 21 2012

BY en179470

2012 SEP 21 PM 3:23
 CORPORATION DIVISION

File Date _____
 Check No _____
 By: _____

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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.

Katharine K. Merriman 9/21/12
 Signature of Authorized Person Date

KATHARINE K. MERRIMAN
 Print or Type Name of Authorized Person