



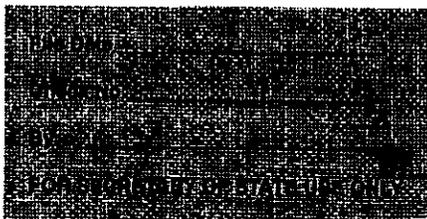
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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. <b>118047</b>		2. Exact name of the limited liability company <b>Eben LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Ownership and operation of rental real estate</b>			
5. Principal office address <b>426 Old Post Road, P.O. Box 710</b>			City <b>Cotuit</b>	State <b>MA</b>	Zip <b>02635</b>
Contact Name <b>Joan Bentinck-Smith</b>			Contact Title		
Street Address <b>P.O. Box 710</b>			City <b>Cotuit</b>	State <b>MA</b>	Zip <b>02635</b>
THIS TABLE MANAGES (NAME AND ADDRESS) OF THE LIMITED LIABILITY COMPANY IN ADDITION TO THE ABOVE INFORMATION. CHECK BOX IF APPLICABLE.					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
RESIDENTS IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					



**FILED**

SEP 28 2012

1954

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.

*Joan Bentinck-Smith* Sept 24, 2012  
 Signature of Authorized Person Date

**Joan Bentinck-Smith**  
 Print or Type Name of Authorized Person