

## 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. 143947	2. Exact nat JOSEPH	2. Exact name of the limited liability company JOSEPH KLOPFENSTEIN, LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island     Real Estate Development				
5. Principal office address 22 Andre Avenue			City Wakefield	State RI	Zip <b>02879</b>	
6. MAILING ADDRESS O	FLIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Joseph Klopfenstein			Contact Title Member			
Street Address 22 Andre Avenue			City Wakefield	State RI	Zip <b>02879</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
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	
8. RESIDENT AGENT IN F	THODE ISLAND					
		- 040 415 - 0	retary of State. Changes require			

**FILED** 

OCT **05** 2012

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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

923-12

Date

Joseph Klopfenstein

Print or Type Name of Authorized Person