



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 137130		2. Exact name of the limited liability company H+C MORRIS LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Managing & Operating Rhode Island rental & improving Real Estate of any kind.	
5. Principal office address 15 Lofty Heights		City Westerly, RI	State R. I.
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joyce M. Dionne		Contact Title Manager	
Street Address 15 Lofty Heights Rd		City WESTERLY	State R. I.
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Judith M. Crandall		Manager Name Nancy M. Schuke	
Street Address 8 Old Post Road		Street Address 27 Fern Drive	
City Westerly	State R. I.	City Westerly	State RI
Zip 02891		Zip 02891	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date OCT 05 2012

Check No. By MNC

By: 275

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.

Joyce M. Dionne 10-2-12  
Signature of Authorized Person Date

Joyce M. DIONNE  
Print or Type Name of Authorized Person