

## 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.

171 CHASE ROAD (P.O. BOX 8)  PÓRTSMOUTH  RI  02871  Contact Name BRIAN R. LECOMTE  Street Address 39 POPLAR STREET  City NEWPORT  Manager Name N/A  Street Address  Street Address  City  City State N/A  Street Address  City State N/A  Street Address  City State V/A  Street Address  City State Zip City State Zip City State Zip City State Zip	1. Entity ID No. 162135		2. Exact name of the limited liability company YOUNG BROTHERS, LLC										
TOTAL CHASE ROAD (P.O. BOX 8)  PÓRTSMOUTH  RI  Contact Name BRIAN R. LECOMTE  Street Address 39 POPLAR STREET  City NEWPORT  Manager Name N/A  Street Address  Street Address  City State RI  Zip O2840  Manager Name N/A  Street Address  City State Zip City State N/A  Street Address  City State Zip Manager Name N/A  Manager Name N/A  Manager Name N/A  Manager Name N/A  Manager Name N/A		REAL EST	REAL ESTATE OWNERSHIP & DEVELOPMENT & ANY OTHER RI BUSINESS										
Contact Title BRIAN R. LECOMTE  Street Address 39 POPLAR STREET  City NEWPORT  Manager Name N/A  Street Address  Street Address  City State N/A  Street Address  City State N/A  Street Address  Street Address  City Manager Name N/A	5. Principal office address 171 CHASE ROAD (P.O. BOX 8)					Zip <b>02871</b>							
BRIAN R. LECOMTE  Street Address 39 POPLAR STREET  City Manager Name N/A  Street Address  Street Address  City State RI  Zip 02840  Zip City Street Address  Street Address  City State Zip City State Zip Manager Name N/A  Manager Name N/A  Manager Name N/A  Manager Name N/A				7									
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This information is currently of record in the Office of the Secretary of State, Changes require filing Form 642.	This information is curren	ntly of record in the	Office of the Seci	retary of State. Changes require	filing Form 642.								

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By MMC

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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

Date

10-9-12

**BRIAN R. LECOMTE** 

Print or Type Name of Authorized Person