

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

DO0616321		ne of the limited liab perties, LLC	ility company		
. State of Formation	Brief description of the character of business conducted in Rhode Island Property Rental				
5. Principal office address 70 Frenchtown Rd. # 130			City North Kingstown	State RI	Zip 02852
	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	
Contact Name Michael Crichlow			Contact Title Owner		
Street Address 70 Frenchtown Rd. #130			City North Kingstown	State RI	Zip 02852
. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
reet Address			Street Address		
City	State	Zin	City	State	Zip
lanager Name			Manager Name		
treet Address	Address		Street Address		
ity	State	Zip	City	State	Zip 29
RESIDENT AGENT IN RHO	DDE ISLAND	<u></u>			
		Office of the Secr	etary of State. Changes require filin	g Form 642.	40 V
		.ED 01 2012 0 3 2 3 2)<		-1 AH IO: OO
File Date		d Do	Under penalty of perjury, this report, including any and that all statements c	I declare and aff accompanying ontained herein a	iirm that I have examine schedules and stateme are true and correct.
By:			Signature of Anthorized Pe	···	/0/ 21/ Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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