



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. <u>130239</u>		2. Exact name of the limited liability company <u>S9-61 Standish Associates, LLC</u>					
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Land Holding Company</u>					
5. Principal office address <u>7 Sherwood Drive</u>		City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>			
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>							
Contact Name <u>DAVID ERICKSON</u>		Contact Title <u>member</u>					
Street Address <u>7 Sherwood Drive</u>		City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>			
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name		Manager Name		2012 DEC 21 AM 11:17 SECRETARIAT CORPORATIONS DIV STATE			
Street Address		Street Address					
City	State	Zip	City			State	Zip
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City			State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

**FILED**

**DEC 21 2012**

**BY** 186059 OS

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**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.

David - member 12/21/12  
 Signature of Authorized Person Date

David Erickson - member  
 Print or Type Name of Authorized Person