

1. Entity ID No.

108587

## 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

**LONG BROOK LLC** 

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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

3. State of Formation			r of business conducted in Rho			
RHODE ISLAND	ACQUIR	E, DEVELOP, LE	ASE, SELL AND DEAL I	N REAL PROPER	TY	
5. Principal office address 5 EAST BUTTERFLY WAY			City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:		
Contact Name DONALD N. LaROCHELLE			Contact Title MANAGER			
Street Address 5 EAST BUTTERFLY WAY			City LINCOLN	State RI	Zip <b>02865</b>	
7. LIST ALL MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name DONALD N. LaROCHELLE			Manager Name			
Street Address 5 EAST BUTTERFLY WAY			Street Address			
City LINCOLN	State RI	Zip <b>02865</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN		I	· · · · · · · · · · · · · · · · · · ·			
This information is cur	rently of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.		
FILED - JAN 0'9 2013					SECUL   1817   1817   1818   1	
BY <u>C. 1</u>	87/30		Underpenalty of pe	riusv. I declare and aff	Irm that I have examined	
File Date			this report, including and that all statemen	any accompanying nts contained hereign	firm that I have examined in the fules and statements are knue and correct.	
Check No			1 bank M	Keloghl	12/13/12	
Ву:			Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY			DONALD N. LaROCHELLE			
			Print or Type Name o	f Authorized Person	**	

Form No. 632 Revised: 01/2012