



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>129272</u>		2. Exact name of the limited liability company <u>BAYBERRY Hill, LLC</u>			
3. State of Formation <u>CT.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Property owners (Family Owned Property)</u>			
5. Principal office address <u>41 Jennings Rd</u>		City <u>South Kent</u>	State <u>CT</u>	Zip <u>06785</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Elizabeth De Vos</u>		Contact Title <u>Manager</u>			
Street Address <u>41 Jennings Rd</u>		City <u>South Kent</u>	State <u>CT</u>	Zip <u>06785</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>MARK R Preston</u>		Manager Name <u>Elizabeth De Vos</u>			
Street Address <u>109 N. Quaker Lane</u>		Street Address <u>41 Jennings Rd</u>			
City <u>West Hartford</u>	State <u>CT</u>	Zip <u>06107</u>	City <u>South Kent</u>	State <u>CT</u>	Zip <u>06785</u>
Manager Name <u>J. Matthew Preston</u>		Manager Name			
Street Address <u>100 N. Main St</u>		Street Address			
City <u>KENT</u>	State <u>CT</u>	Zip <u>06757</u>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FEB 26 AM 11:21  
 FEB - 4 PM 12:39

**FILED** *m*

FEB 26 2013

BY *m 190990*  
11:21

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.

*Elizabeth P De Vos* 12/19/12  
 Signature of Authorized Person Date

*Elizabeth De Vos*  
 Print or Type Name of Authorized Person