



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 2011

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.					

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FEB 26 2013

BY 0190990
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