



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 2013

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. 78266		2. Exact name of the limited liability company CHARLESTOWN FLAG CO. LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island SALES OF FLAGS & FLAG POLES			
5. Principal office address 3897 OLD POST RD. (P.O. BOX 1569)		City CHARLESTOWN	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FREDERICK W. WEBER		Contact Title PARTNER			
Street Address 3897 OLD POST RD. (P.O. BOX 1546)		City CHARLESTOWN	State RI	Zip 02813	
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 FREDERICK W. WEBER		Manager Name			
Street Address 3897 OLD POST RD. (P.O. BOX 1546)		Street Address			
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

FREDERICK W. WEBER
3897 OLD POST RD (P.O. BOX 1546)
CHARLESTOWN RI 02813

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

AUG 13 2013

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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.

[Signature] **8-9-13**

Signature of Authorized Person

Date

FREDERICK W. WEBER

Print or Type Name of Authorized Person