



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |             |   |  |              |     |
|---|-------------|---|--|--------------|-----|
| 1. ID No.<br>148064   |             | 2. Exact name of the limited liability company<br>46 COAST GUARD AVENUE, L.L.C.   |  |              |     |
| 3. State of Formation<br>RHODE ISLAND   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL PROPERTY OWNERSHIP AND MANAGEMENT |  |              |     |
| 5. Principal office address<br>46 COAST GUARD AVENUE  |             | City<br>WAKEFIELD   | State<br>RI                                | Zip<br>02879 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |  |              |     |
| Contact Name<br>VALERIE FOLLETT   |             |   | Contact Title<br>MANAGER                   |              |     |
| Street Address<br>122 INDIAN TRAIL  |             | City<br>WAKEFIELD   | State<br>RI                                | Zip<br>02879 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |   |  |              |     |
| Manager Name<br>VALERIE FOLLETT   |             |   | Manager Name                               |              |     |
| Street Address<br>122 INDIAN TRAIL  |             | Street Address  |  |              |     |
| City<br>WAKEFIELD   | State<br>RI | Zip<br>02879  | City                                       | State        | Zip |
| Manager Name  |             |   | Manager Name                               |              |     |
| Street Address  |             | Street Address  |  |              |     |
| City  | State       | Zip   | City                                       | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |             |   |  |              |     |
| Agent Name<br>DENNIS R. GANNON  |             |   | Address<br>1140 RESERVOIR AVENUE, SUITE 3A |              |     |
| Address   |             | City<br>CRANSTON  | Zip<br>02920                               |              |     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

148064

FILED

AUG 21 2013

|                                 |    |     |
|---------------------------------|----|-----|
| File Date                       | BY | 110 |
| 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.

Valerie P. Follett 8/17/13  
Signature of Authorized Person Date  
Valerie Follet, Member  
Print or Type Name of Authorized Person