



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. 000119640		2. Exact name of the limited liability company Apponaug Associates, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real estate ownership			
5. Principal office address 200 Centerville Road, Suite 1		City Warwick		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul J. Ferns, Esq.		Contact Title Managing Partner			
Street Address 200 Centerville Road, Suite 1		City Warwick		State RI	Zip 02886
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 Stephen R. White, Esq.		Manager Name Paul J. Ferns, Esq.			
Street Address 200 Centerville Road, Suite 1		Street Address 200 Centerville Road, Suite 1			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Manager Name Christopher Kehoe, Esq.		Manager Name			
Street Address 200 Centerville Road, Suite 1		Street Address			
City Warwick	State RI	Zip 02886	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.					

FILED

SEP 16 2013

By 49-205932

A.A.

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.

Signature of Authorized Person

Print or Type Name of Authorized Person

9/13/13
Date