RI SOS Filing Number: 201328367530 Date: 09/18/2013 4:00 PM

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

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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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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)(3)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
112480	Woodbury Cottage, LLC

3. State of Formation	4. Brief description of the business which is actually conducted in Rhode Island
Ohio	Real Estate Holdings

5. Principal office address	City	State	Zip
152 Robbins Road	Arlington	MA	02476

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mary Giles Carter	

Street Address	City	State	Zip
152 Robbins Road	Arlington	MA	02476

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
William H. Carter	
Street Address	**Street Address**
17 Wiveliscombe	

City	State	Zip	City	State	Zip
New Albany	OH	43054			
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 of Form 642 - R.I.G.L. 7-16-11

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

112480

FILED

File Date SEP 18 2013
Check No. 1269
By: By mne
FOR SECRETARY OF STATE'S SIGNATURE

97346-11-906193

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.

Mary Giles Carter 9/13/13
Signature of Authorized Person *Date*

MARY GILES CARTER
Print or Type Name of Authorized Person

Form 632 Rev. 08/08