



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 02891-2615  
401.222.3010

**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.<br>112480   |             | 2. Exact name of the limited liability company<br>Woodbury Cottage, LLC                                     |                   |             |              |
| 3. State of Organization<br>Ohio  |             | 4. Brief description of the business which is or has been conducted in Rhode Island<br>Real Estate Holdings |                   |             |              |
| 5. Principal office address<br>152 Robbins Road   |             |   | City<br>Arlington | State<br>MA | Zip<br>02476 |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |             |   |                   |             |              |
| Contact Name<br>Mary Giles Carter   |             |   | Contact Title     |             |              |
| Mailing Address<br>152 Robbins Road   |             |   | City<br>Arlington | State<br>MA | Zip<br>02476 |
| <b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |             |   |                   |             |              |
| Manager Name<br>William H. Carter   |             |   | Manager Title     |             |              |
| Mailing Address<br>17 Wiveliscombe  |             |   | Street Address    |             |              |
| City<br>New Albany  | State<br>OH | Zip<br>43054  | City              | State       | Zip          |
| Manager Name  |             |   | Manager Title     |             |              |
| Mailing Address   |             |   | Street Address    |             |              |
| City  | State       | Zip   | City              | State       | Zip          |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b><br>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.:  
By: *mne*  
FOR SECRETARY OF STATE USE ONLY  
CH # 1269

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  
MACY GILES CARTER  
Print or Type Name of Authorized Person