



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. <b>271311</b>		2. Exact name of the limited liability company <b>SEAL ROCK, LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>	
5. Principal office address <b>210 Old Airport Road</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:			
Contact Name <b>Thomas Perkins</b>		Contact Title	
Street Address <b>210 Old Airport Road</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
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 <b>Thomas Perkins</b>		Manager Name	
Street Address <b>210 Old Airport Road</b>		Street Address	
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	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.			

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

**FILED**

SEP 30 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 of Authorized Person

**Thomas Perkins**

Print or Type Name of Authorized Person

Date

9/20/13