

## 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.

	B. Carrier and Car	2. Exact name of the limited liability company				
130520	Sheldon	Sheldon Associates, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	Real Estate Rental, Holding and/or selling				
5. Principal office address 1380 Warwick Avenue			City <b>Warwick</b>	State RI	Zip 02888	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name John T. McCaffrey			Contact Title			
Street Address 1380 Warwick Avenue			City <b>Warwick</b>	State RI	Zip <b>02888</b>	
		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
("X" BOX FOR ATTACH	IMENT)					
	IMENT)		Manager Name			
Manager Name						
Manager Name Street Address	State	Zip	Manager Name	State	Zip	
Manager Name Street Address City	2	Zip	Manager Name Street Address	State	Zip	
Manager Name Street Address City Manager Name	2	Zip	Manager Name Street Address City	State	Zip	
Manager Name Street Address City Manager Name Street Address	2	Zip	Manager Name Street Address City Manager Name	State	Zip	
Manager Name Street Address City Manager Name Street Address City  8. RESIDENT AGENT IN R	State   State	Zip	Manager Name  Street Address  City  Manager Name  Street Address	State		

File Date	FILED	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.
Check No By:	SEP 3 0 2013 752	Signature of Authorized Person Date  John T. McCaffrey
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012