



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. <u>75795</u>		2. Exact name of the limited liability company <u>Harborside Park, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>own & Manage Real Estate</u>			
5. Principal office address		City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Diane Duceff</u>		Contact Title <u>Trustee</u>			
Street Address <u>50 Park Row West APT 805</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Diane Duceff</u>		Manager Name			
Street Address <u>50 Park Row West Apt 805</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	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.					

FILED

11M

OCT 04 2013

BY 02207540

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.

Diane Duceff
Signature of Authorized Person

9/27/2013
Date

Diane Duceff
Print or Type Name of Authorized Person