



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. 127256		2. Exact name of the limited liability company Quonset Development, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PURCHASE AND REVITALIZE REAL PROPERTY AND THE IMPROVEMENTS THEREON			
5. Principal office address 1130 TEN ROD ROAD, SUITE E-207		City NORTH KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LYNN F. MORAN		Contact Title			
Street Address 1130 TEN ROD ROAD, SUITE E-207		City NORTH KINGSTOWN	State RI	Zip 02852	
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 LYNN F. MORAN		Manager Name			
Street Address 1130 TEN ROD ROAD, SUITE E-207		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	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 2:23 pm
 OCT 09 2013
 By 207925
 KM

2013 OCT - 9 PM 2: 23
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

LYNN F. MORAN
 Signature of Authorized Person Date

LYNN F. MORAN
 Print or Type Name of Authorized Person