



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. ID No. 000162874

2. Exact Name of the Limited Liability Company Hannah Robinson House LLC

3. State of Formation

State: MA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The general character of business of the limited liability company is to own business and investment assets, including without limitation real property, stocks, bonds, notes, debentures and other securities, mineral interests, commodities, and interests in trusts, general and limited partnerships, limited liability partnerships, and limited liability companies; to purchase or otherwise acquire, hold for investment, develop, mortgage, pledge, or otherwise encumber, lease, manage, sell, trade, exchange, or otherwise dispose of or realize upon real property, personal property, and interests of all kinds in any other business, commercial, or investment activity and to carry on any and all other activities necessary to, in connection with, or incidental to the accomplishment of any limited liability company purposes as long as such activities may be lawfully carried on or performed by a limited liability company.

5. Principal Office Address

No. and Street: 165 FAIR OAKS PARK

City or Town: NEEDHAM

State: MA

Zip: 02492

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 165 FAIR OAKS PARK

City or Town: NEEDHAM

State: MA

Zip: 02492

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JULIE H YANDOW	165 FAIR OAKS PARK

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of October, 2013 at 10:13:50 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JULIE H YANDOW
Signature of Authorized Person

Form No. 632
Revised 09/07