

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

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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.

3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island buying, selling, managing real estate 5. Principal office address 121 Rose Hill Road 5. Principal office address 121 Rose Hill Road 6. MaiLing Address OF Limited Liability Company and Name OR Title OF Contact Person: Contact Name Lisa A. O'Meara Contact Title Managing Member Street Address 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Manager Name	1. Entity ID No.		ne of the limited liab							
Rhode Island 5. Principal office address 121 Rose Hill Road 5. MaiLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Lisa A. O'Meara Contact Title Managing Member City City East Greenwich RI O'2818 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, #F APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip Street Address	548866	HARLIN & HENLEY, LLC								
5. Principal office address 121 Rose Hill Road S. MAILINGADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Lisa A. O'Meara Street Address PO Box 306 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip Wanager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address	3. State of Formation	4. Brief desc	cription of the charac	cter of business conducted in Rhode Is	sland					
121 Rose Hill Road S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Lisa A. O'Meara Street Address PO Box 306 C'K' BOX FOR ATTACHMENT) Manager Name Street Address City State Manager Name Manager Name Street Address City State City State C'K' BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip Manager Name	Rhode Island	buying,	selling, managi	ng real estate						
Contact Title Lisa A. O'Meara Contact Title Managing Member Street Address PO Box 306 City East Greenwich RI O2818 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("A" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip		1								
City State Zip City State Zip	6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:					
PO Box 306 East Greenwich RI 02818 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, (FAPPLICABLE - DO NOT LIST MEMBERS (LX BOX FOR ATTACHMENT) ☐ Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address										
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Street Address City State Zip City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip B. RESIDENT AGENT IN RHODE ISLAND	7. LIST ALL MANAGERS (L. (*X*) BOX FOR ATTACH	(NAMES AND ADE MENT) 🔲	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS				
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City State Zip City State Zip B. RESIDENT AGENT IN RHODE (SLAND)	Manager Name			Manager Name						
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	City	State	Zip	City	State Zip					
This information is currently of record in the Office of the Secretary of State, Changes require filing Form 642.	BERESIDENT AGENT IN R	HODE ISLAND								
	This information is curren	tly of record in the	e Office of the Secr	retary of State, Changes require filir	ig Form 642.					

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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 contented herein are true and correct.

Signature of Authorized Person
Lisa A. O'Meara

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012