



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.<br><b>486504</b>   |                    | 2. Exact name of the limited liability company<br><b>FrontCourt, LLC</b>                                  |                          |                     |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO HOLD REAL ESTATE</b> |                          |                     |                     |
| 5. Principal office address<br><b>158 RACQUET ROAD</b>  |                    | City<br><b>JAMESTOWN</b>  | State<br><b>RI</b>       | Zip<br><b>02835</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |                          |                     |                     |
| Contact Name<br><b>DONALD V. FARGNOLI</b>   |                    | Contact Title<br><b>MANAGER</b>   |                          |                     |                     |
| Street Address<br><b>158 RACQUET ROAD</b>   |                    | City<br><b>JAMESTOWN</b>  | State<br><b>RI</b>       | Zip<br><b>02835</b> |                     |
| 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                          |                     |                     |
| Manager Name<br><b>DONALD V. FARGNOLI</b>   |                    | Manager Name<br><b>CAROL BOURCIER FARGNOLI</b>  |                          |                     |                     |
| Street Address<br><b>158 RACQUET ROAD</b>   |                    | Street Address<br><b>158 RACQUET ROAD</b>   |                          |                     |                     |
| City<br><b>JAMESTOWN</b>  | State<br><b>RI</b> | Zip<br><b>02835</b>   | City<br><b>JAMESTOWN</b> | State<br><b>RI</b>  | Zip<br><b>02835</b> |
| 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**

OCT 24 2013 12:38

By

209073

KMC

2013 OCT 24 PM 12:38  
STATE OF RHODE ISLAND  
DIVISION OF BUSINESS SERVICES

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.

Donald V. Fargnoli 10/18/13  
Signature of Authorized Person Date

**DONALD V. FARGNOLI**

Print or Type Name of Authorized Person