



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. 108739		2. Exact name of the limited liability company Portsmouth Property Management L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY (OFFICE AND SHOP SPACE)			
5. Principal office address 1 MARITIME DRIVE		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RICHARD B. HOOD		Contact Title MANAGER			
Street Address 79 THAMES STREET		City NEWPORT	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name RICHARD B. HOOD		Manager Name FREDERICK G. HOOD			
Street Address 79 THAMES STREET		Street Address 31 WEST STREET			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Manager Name ROBERT B. HOOD		Manager Name NANCY E. HOOD-MACLEOD			
Street Address 36 SANDY POINT AVENUE		Street Address 115 GIDEON LAWTON LANE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 31 2013

BY CR 209695

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STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

File Date _____

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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.

Richard B. Hood

Signature of Authorized Person

RICHARD B. HOOD

Print or Type Name of Authorized Person

10/20/13

Date