



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>795186</b>  |       | 2. Exact name of the limited liability company<br><b>FLO PARK, 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>Historic Parkland</b> |                        |                    |                     |
| 5. Principal office address<br><b>Vernon Court 492 Bellevue Avenue</b>   |       |   | City<br><b>Newport</b> | State<br><b>RI</b> | Zip<br><b>02840</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>   |       |   |                        |                    |                     |
| Contact Name<br><b>Laurence S. Cutler</b>  |       |   | Contact Title          |                    |                     |
| Street Address<br><b>Vernon Court 492 Bellevue Avenue</b>  |       |   | City<br><b>Newport</b> | State<br><b>RI</b> | Zip<br><b>02840</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (EX-BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |                        |                    |                     |
| Manager Name   |       |   | Manager Name           |                    |                     |
| Street Address   |       |   | Street Address         |                    |                     |
| City   | State | Zip   | City                   | State              | Zip                 |
| Manager Name   |       |   | Manager Name           |                    |                     |
| Street Address   |       |   | Street Address         |                    |                     |
| City   | State | Zip   | City                   | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>   |       |   |                        |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |   |                        |                    |                     |

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
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**FILED**  
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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 contained herein are true and correct.

*Laurence S. Cutler* 11/04/2013  
 Signature of Authorized Person Date  
**LAURENCE S. CUTLER**  
 Print or Type Name of Authorized Person