



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 144119		2. Exact name of the limited liability company Higgins' Bailey's LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To sell, lease, own, maintain and otherwise operate with real estate.	
5. Principal office address 657A West Main Road		City Little Compton	State RI
		Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond C. Holland, Jr. - Leary and Holland		Contact Title Attorney	
Street Address 1340 Main Road		City Tiverton	State RI
		Zip 02878	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Meg Higgins Oliver		Manager Name	
Street Address 15 Wilson Ridge Road		Street Address	
City Darian	State CT	Zip 06820	
Manager Name Lauren Hancock		Manager Name	
Street Address 2426 Pine Street		Street Address	
City San Francisco	State CA	Zip 94115	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

NOV 07 2013

BY 2163

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

144119

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.

Signature of Authorized Person Date 10/31/13

Raymond C. Holland, Jr., Attorney/Agent

Print or Type Name of Authorized Person