



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 14S W. River Street, Providence, Rhode Island 02904-2615
 Pitons: (401) 222-3040 — Email: corpomtions@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. 108080		2. Exact name of the limited liability company Arcand Management, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Leasing real estate			
5. Principal office address 1079 Main Street		City West Warwick	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Alfred A. Arcand		Contact Title Manager			
Street Address 1079 Main Street		City West Warwick	State RI	Zip 02893	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("V. BOX FOR ATTACHMENT)					
Manager Name Alfred A. Arcand		Manager Name			
Street Address 1079 Main Street		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
Manager Name Louise M. Arcand		Manager Name			
Street Address 1079 Main Street		Street Address			
City West Warwick	State RI	Zip 02893	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.					

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 CORPORATIONS DIV

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By: _____

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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.

Alfred A. Arcand October , 2013
 Signature of Authorized Person Date

Alfred A. Arcand, Manager
 Print or Type Name of Authorized Person