



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. <u>122105</u>		2. Exact name of the limited liability company <u>L.G. King Prop., LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Commercial Rental Units</u>			
5. Principal office address <u>35A Park Industrial Pkwy</u>		City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name <u>Donna Baribault</u>		Contact Title <u>Manager</u>			
Street Address <u>PO Box 249</u>		City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Donna Baribault</u>		Manager Name			
Street Address <u>PO Box 249</u>		Street Address			
City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>			
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip			
Manager Name		Manager Name			
Street Address		Street Address			
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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BY CR 211128

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SECRETARY OF STATE
CORPORATIONS DIV

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.

D Baribault 11/19/13
Signature of Authorized Person Date
Donna Baribault
Print or Type Name of Authorized Person