



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. ID No. 000792949

2. Exact Name of the Limited Liability Company HENRY JOSHUA TRUST LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Investment Property

5. Principal Office Address

No. and Street: 125 OXBOW ROAD

City or Town: NEEDHAM

State: MA

Zip: 02492

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TODD DAVID Contact Title: PROPERTY MANAGER

No. and Street: C/O DEFELICE MANAGEMENT

3970 POST RD

City or Town: WARWICK

State: RI

Zip: 02886

Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	LYNN KAPLAN	125 OXBOW ROAD NEEDHAM, MA 02492 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DEFELICE MANAGEMENT, LLC 3970 POST ROAD WARWICK , RI 02886

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

Signed this 23 Day of November, 2013 at 9:19:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DEFELICE MANAGEMENT - TODD DAVID

Signature of Authorized Person

Form No. 632
Revised 09/07

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