

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.

| 000133717 | Serendipity 194, LLC | | | | | |
|---|----------------------|---|------------------------------------|-----------------|---------------------|--|
| 3. State of Formation | 4. Brief desc | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| RI | Acquire, | Acquire, own, operate, manage, lease, develop and sell property | | | | |
| 5. Principal office address 57 Meeting House Lane | | | City Little Compton | State RI | Zip 02837 | |
| | LIMITED LIABILIT | Y COMPANY AND N | AME OR TITLE OF CONTACT PE | RSON: | | |
| Contact Name Louise H. Bryant | | | Contact Title Manager | | | |
| Street Address 42 Davis Ave | | | City Rye | State NY | Zip 10580 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF A | APPLICABLE - DO | NOT LIST MEMBERS | |
| Manager Name George F. Bryant, Jr. | | | Manager Name | | | |
| Street Address 42 Davis Ave | | | Street Address | | | |
| City Rye | State NY | Zip 10580 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN RI | ODE ISLAND | | | | | |
| This information is current | lly of record in the | e Office of the Secret | ary of State. Changes require fili | ing Form 642. | | |
| | | | | | | |

FILED

| File Date | NOV 2 9 2013 | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, |
|---------------------------------|--------------|---|
| | MOA 5 2 Soil | and that all statements contained herein are true and correct. |
| Check NoRV | 7786 | Signature of Authorized Person Date |
| FOR SECRETARY OF STATE USE ONLY | | Louise H. Bryant |
| | | Print or Type Name of Authorized Person |

Form No. 632 Revised: 01/2012