

## 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.		2. Exact name of the limited liability company Wachter Von Leben Kennels 1, LLC				
713031	vvacnter	von Leben Kenr	ieis I, LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RI	Boarding	Boarding and grooming Kennel				
5. Principal office address 81 Skunk Hill Rd			City Hope Valley	State RI	Zip <b>02832</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name  Donald Andrews			Contact Title Owner			
Street Address 81 Skunk Hill Rd			City Hope Valley	State <b>RI</b>	Zip 02832	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACHI		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBE	
Manager Name  Donald Andrews			Manager Name			
Street Address 81 Skunk Hill RD	-		Street Address	<del></del>		
City Hope Valley	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip	
Manager Name			Manager Name			
Manager Name			Manager Name			
			Manager Name Street Address			
Street Address	State	Zip		State	Zip	
Manager Name Street Address City  8. RESIDENT AGENT IN RI		Zip	Street Address	State	Zip	

## FILED

JAN 2 9 2014 BY 1843

File Date	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.
Check No	01/28/2014
as de la granda de la companya della companya de la companya della	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012