

## 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. <b>525697</b>		2. Exact name of the limited liability company Widgeon Partners, LLC						
3. State of Formation	1	Brief description of the character of business conducted in Rhode Island  real estate management						
RI	l Gui, GG	g	-					
5. Principal office address 55 Memorial Blvd			City <b>Newport</b>	State <b>Ri</b>	Zip <b>02840</b>			
6. MAILING ADDRESS OF	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON				
Contact Name Frederic G. Presbrey			Contact Title  Member					
Street Address 63 Fieldcrest Drive			City <b>Ridgefield</b>	State CT	Zip <b>06877</b>			
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK		RESSES) OF THE	LIMITED LIABILITY COMPANY,	if applicable - <u>Do</u>	NOT LIST MEMBER	<b>(5</b>		
Manager Name		Manager Name						
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	<u> </u>	<u> </u>			
Street Address			Street Address Street Address					
City	State	Zip	City	State	Zip 📆			
8. RESIDENT AGENT IN F	RHODE ISLAND			New Street, early and a company of the Control		43		
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require	e filing Form 642.		<b>9</b> 47		
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By: _ FOR S	SECRETARY OF		ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this repart, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

01/22/2014 Date

Frederic G. Presbrey

Print or Type Name of Authorized Person