



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

2012

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 126706		2. Exact name of the limited liability company HEALYN Properties, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Owner of Residential Real Estate (Multi-Family)			
5. Principal office address 320 Newport Avenue		City East Providence	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John C. Lynch		Contact Title Manager and Resident Agent			
Street Address 320 Newport Avenue		City East Providence	State RI	Zip 02916	
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 John C. Lynch		Manager Name			
Street Address 320 Newport Avenue		Street Address			
City East Providence	State RI	Zip 02916	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

AUG 21 PM 1:55
 SECRETARY OF STATE
 CORPORATIONS DIV

2:01 pm
FILED

AUG 21 2014

By 230783 *KCM*

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.

John C. Lynch
 Signature of Authorized Person Date **20 MAR 14**
John C. Lynch

Print or Type Name of Authorized Person