

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 2014

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.

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1. Entity ID No.	Exact name of the limited liability company				- S	
000333768	Hereboy Enterprises, LLĆ			33		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Commercial Real Estate Rental					
5. Principal office address 660 Woonasquatucket Ave			City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT PER	SON:		
Contact Name Daniel R. Sharp	ame		Contact Title Member			
Street Address 122 Railroad Ave		City Harrisville	State RI	Zip 02830		
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME	MES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF AF	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name Daniel R. Sharp			Manager Name Frederick Glomb			
Street Address 122 Railroad Ave			Street Address 37 Bay View Dr			
City Harrisville	State RI	Zip 02830	City Jamestown	State RI	Zip 02835	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND					
This information is currently	of record in the	e Office of the Secret	ary of State. Changes require filing	a Form 642.		

FILED

AUG 2 2 2014

By <u>1233</u>	Onder penalty of perjury, I declare and affirm that I have examine	v-I
File Date II 3	this report including any argomeanying schedules and statement and that all statements contained herein are true and correct.	nts,
Check No	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	Frederick W Glomb	
	Print or Type Name of Authorized Person	—

Form No. 632 Revised: 01/2012