



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.

1. Entity ID No. 161270		2. Exact name of the limited liability company 37 CHARLESFICK, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. Principal office address			City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHANNA HARRIS			Contact Title Member		
Street Address PO BOX 9483			City Providence	State RI	Zip 02940
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 NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name NONE			Manager Name NONE		
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.					

FILED

SEP 04 2014

BY _____

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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.

Johanna Harris Sept 1, 2014
 Signature of Authorized Person Date
JOHANNA HARRIS, Member
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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