

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

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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

					<u> </u>		
Entity ID No.		2. Exact name of the limited liability company Noyes Neck Properties, LLC					
450044	Noyes N						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND		TO HOLD REAL ESTATE					
5. Principal office address 308 COUNTRY CLUB DRIVE			City WILMINGTON	State DE	Zip № 521 19869 775		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:			
Contact Name ANDREW J. MURRAY			Contact Title				
Street Address 2800 FINANCIAL PLAZA			City PROVIDENCE	State RI	Zip 02903		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name ANDREW J. MURRAY			Manager Name				
Street Address 2800 FINANCIAL PLAZA			Street Address				
City PROVIDENCE	State RI	Zip 02903	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Žip		
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>					
		e Office of the Secreta	ary of State. Changes require fili	na Form 642.			

FILED

SEP 0 4 2014

File DateBY_	KL831616	Under penalty of perjury, I declare this report, including any accomp	panying schedules a	nd statements,	
Check No	3:30	and that all statements contained	herein are true and	correct. 9)2//9	
Ву:		Signature of Authorized Ferson	/	Date	
FOR SECRETARY OF STATE USE ONLY		ANDREW J. MURŔAY			
TO TO CONCLAIN OF STATE OSE ONLY		Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012