

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.

Entity ID No.	2. Exact na	ame of the limited lia	bility company			
525697	Widgeo	Widgeon Partners, LLC				
3. State of Formation	4. Brief der	Brief description of the character of business conducted in Rhode Island				
RI	real esta	real estate management				
5. Principal office address 55 Memorial Blvd			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON		
Frederic G. Presbrey			Contact Title Member			
Street Address 63 Fieldcrest Dr			City Ridgefield	State CT	Zip 06877	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
∕lanager Name N/A			Manager Name			
treet Address			Street Address			
			Street Address			
iity	State	Zip	Street Address City	State	Zip	
	State	Zip		State	Zip	
fanager Name	State	Zip	City	State	Zip	
fanager Name treet Address	State	Zip Zip	City Manager Name	State State	Zip Zip	
City Itanager Name treet Address ity RESIDENT AGENT IN R	State		City Manager Name Street Address			

SEP 08 2014

Form No. 632 Revised: 01/2012 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.

Signature of Muthorized Person

09/05/2014 Date

Frederic G. Presbrey, Member

Print or Type Name of Authorized Person