



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>164330</b>		2. Exact name of the limited liability company <b>Bloominghouses Property Management, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Property management.</b>			
5. Principal office address <b>115 High Meadow Lane</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
Contact Name <b>Greg Gabriel</b>		Contact Title <b>Member</b>			
Street Address <b>115 High Meadow Lane</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
3. RESIDENT AGENT FOR RHO. IS. \$50					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini					

**FILED**

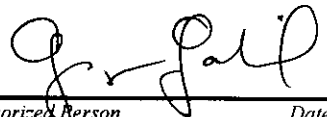
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**SEP 11 2014**

**BY**

**14073**

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.

 **8/30/14**  
Signature of Authorized Person Date

**Greg Gabriel, Member**

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY