



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. 000869920		2. Exact name of the limited liability company 46 Putnam Pike, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase, hold, develop, sell, and rent real estate and for any other lawful purpose.			
5. Principal office address 24 Rustic Acres Drive		City Chepachet		State RI	Zip 02814
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY, IF DIFFERENT FROM PRINCIPAL OFFICE					
Contact Name Nicole Delos		Contact Title Manager			
Street Address 24 Rustic Acres Drive		City Chepachet		State RI	Zip 02814
7. NAME AND ADDRESS OF EACH MEMBER OR PARTNER OF THE LIMITED LIABILITY COMPANY, IF ANY					
Manager Name Nicole Delos		Manager Name Giselle Pacheco			
Street Address 24 Rustic Acres Drive		Street Address 24 Rustic Acres Drive			
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT INFORMATION					
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					

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). **SEP 11 2014**

BY 150

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.

File Date
Check No.
By
FOR SECRETARY OF STATE (OPTIONAL)

Nicole Delos 9/8/14
Signature of Authorized Person Date

Nicole Delos, Manager

Print or Type Name of Authorized Person