



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>000829299</b>		2. Exact name of the limited liability company <b>LC Property Group, 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>Purchase, hold, develop and lease real estate.</b>			
5. Principal office address <b>9 High Meadow Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
6. MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY (IF DIFFERENT FROM OFFICE ADDRESS)					
Contact Name <b>Richard R. Chartier</b>			Contact Title <b>Manager</b>		
Street Address <b>9 High Meadow Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
7. RESIDENT AGENT ADDRESS (IF DIFFERENT FROM OFFICE ADDRESS) (DO NOT LIST MEMBERS) THIS SPACE IS FOR LISTING ALL AGENTS					
Manager Name <b>Richard R. Chartier</b>			Manager Name		
Street Address <b>9 High Meadow Road</b>			Street Address		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City	State	Zip
Manager Name			Manager Name		
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 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**

**1374**

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:
<b>FOR SECRETARY OF STATE USE ONLY</b>

Signature of Authorized Person

**9/8/14**  
Date

**Richard R. Chartier, Manager**

Print or Type Name of Authorized Person