



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. 799264		2. Exact name of the limited liability company LC Investment Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company			
5. Principal office address 9 High Meadow Road		City Little Compton	State RI	Zip 02837	
6. Mailing Address (if different from principal office address) 9 High Meadow Road		City Little Compton	State RI	Zip 02837	
Contact Name Richard R. Chartier		Contact Title Manager			
Street Address 9 High Meadow Road		City Little Compton	State RI	Zip 02837	
Manager Name Richard R. Chartier		Manager Name			
Street Address 9 High Meadow Road		Street Address			
City Little Compton	State RI	Zip 02837	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

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 1059

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.

Richard R. Chartier 9/8/14
Signature of Authorized Person Date

Richard R. Chartier, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____
OFFICE OF THE SECRETARY OF STATE