



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>485321</b>		2. Exact name of the limited liability company <b>43 Eaton 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>real estate holding company</b>			
5. Principal office address <b>168 Eaton Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON (IF DIFFERENT FROM OFFICE ADDRESS)					
Contact Name <b>Robert T. McCann</b>		Contact Title <b>Manager</b>			
Street Address <b>168 Eaton Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (DO NOT LEAVE MEMBERS' NAMES BLANK. LIST ALL MANAGERS, EVEN IF THEY ARE NOT CURRENTLY ACTIVE.)					
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
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					

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

**SEP 11 2014**

BY 11591

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 USE ONLY	

Robert T. McCann 9/26/14  
Signature of Authorized Person Date

**Robert T. McCann, Manager**

Print or Type Name of Authorized Person