



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

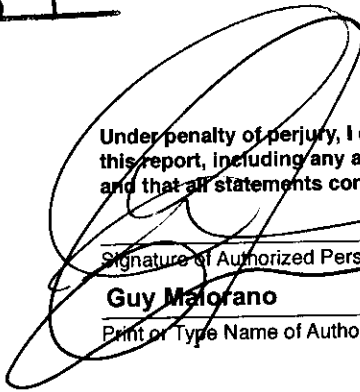
Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>505623</b>		2. Exact name of the limited liability company <b>Chestnut Cottage, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>			
5. Principal office address <b>22 Elm Street</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
<b>MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>					
Contact Name <b>Guy Maiorano</b>		Contact Title <b>Manager</b>			
Street Address <b>22 Elm Street</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Manager Name <b>Guy Maiorano</b>		Manager Name			
Street Address <b>12 Quarry Road</b>		Street Address			
City <b>Mystic</b>	State <b>CT</b>	Zip <b>06355</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**  
**SEP 11 2014**  
 BY 1387

File Date \_\_\_\_\_  
 Checking No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

  
 Signature of Authorized Person \_\_\_\_\_ Date 9/10/14  
**Guy Maiorano**  
 Print or Type Name of Authorized Person