

## 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>789987</b>		2. Exact name of the limited liability company Bigelow Weaver Dock, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island     manage real estate					
5. Principal office address 472 Thames St			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:		
Contact Name Dennis Bigelow		Contact Title Member				
Street Address 539 Wareham St			City <b>Middleboro</b>	State MA	Zip <b>02346</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE : DO	NOT LIST MEMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
anager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RI						
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## FILED

SEP 12 2014

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and idea and idea and idea and idea and idea and idea and correct.	
Check No.	(In A	09/05/2014
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Dennis Bigelow, Member	
	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012