

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

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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.		me of the limited liab			· · · · · · · · · · · · · · · · · · ·	
141066	The Bay	croft Family Inv	vestment LLC			
3. State of Formation		Brief description of the character of business conducted in Rhode Island Investment Business				
Rhode Island	Investm					
5. Principal office address 3 Pawcatuck Ave			City Watch Hill	State RI	Zip 02891	
6. MAILING ADDRESS (OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Karin McCormick			Contact Title Member			
Street Address			City	State	Zip	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		DRESSES) OF THE	LIMITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST MEMBERS	
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	<u> </u>			1	

FILED

SEP 1 2 2014

m 4	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	Kan McComil 9/9/14
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Parson

Form No. 632 Revised: 01/2012