



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. 000115161		2. Exact name of the limited liability company SumnerWind Properties of Newport LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, OWNING, AND MANAGING REAL ESTATE			
5. Principal office address 54 DIXON ST. APT. B		City NEWPORT	State RI	Zip 02840	
Contact Name ROBERT B. WALSH		Contact Title MANAGER			
Street Address 54 DIXON ST. APT. B.		City NEWPORT	State RI	Zip 02840	
<small>DO NOT SIGNORSE (NAME AND ADDRESS) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (IF TWO FOR ATTACHMENT) <input type="checkbox"/></small>					
Manager Name ROBERT B. WALSH		Manager Name			
Street Address 54 DIXON ST. APT. B		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<small>THIS INFORMATION IS CURRENTLY OF RECORD IN THE OFFICE OF THE SECRETARY OF STATE. CHANGES REQUIRE FILING FORM 642.</small>					

**FILED**  
 SEP 17 2014  
 1502

File Date \_\_\_\_\_  
 Check 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.

*Robert B. Walsh, Manager* 9/16/14  
 Signature of Authorized Person Date  
 ROBERT B. WALSH  
 Print or Type Name of Authorized Person