



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>000788712</b>		2. Exact name of the limited liability company <b>From in Form, 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>Design/Build - Construction Services</b>			
5. Principal office address <b>54 Health Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
Contact Name <b>Adrienne Benz Wood</b>		Contact Title <b>Manager</b>			
Street Address <b>54 Health Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
Manager Name <b>Adrienne Benz Wood</b>		Manager Name <b>Jason A. Wood</b>			
Street Address <b>54 Health Avenue</b>		Street Address <b>54 Health Avenue</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

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

**FILED**

SEP 18 2014

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

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 \_\_\_\_\_

Adrienne Benz Wood 9/9/14  
Signature of Authorized Person Date

**Adrienne Benz Wood, Manager**

Print or Type Name of Authorized Person