



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>817904</b>		2. Exact name of the limited liability company <b>Mimi's House, 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>real estate holding company</b>			
5. Principal office address <b>650 Pearse Road</b>		City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	
6. Contact Name <b>Barbara A. Klang</b>		Contact Title <b>Manager</b>			
Street Address <b>650 Pearse Road</b>		City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	
7. Manager Name <b>Barbara A. Klang</b>		8. Manager Name <b>Donna J. Marques</b>			
Street Address <b>650 Pearse Road</b>		Street Address <b>650 Pearse Road</b>			
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
9. Manager Name		10. Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

**RESIDENT AGENT IN RHODE ISLAND**

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 \_\_\_\_\_

*Barbara A. Klang* 9/6/14  
Signature of Authorized Person Date

**Barbara A. Klang, Manager**

Print or Type Name of Authorized Person