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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.	2. Exact name of the limited liability company		
486177	**St. James Investors LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**any lawful business**		
5. Principal office address	City	State	Zip
400 Reservoir Avenue, Suite 2H	**Providence**	**RI**	**02907**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Nathaniel B. Baker	**Manager**		
Street Address	City	State	Zip
86 St. James Court	**Palm Beach Gardens**	**FL**	**33418**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Nathaniel B. Baker			**Linda Baker**		
Street Address			Street Address		
86 St. James Court			**86 St. James Court**		
City	State	Zip	City	State	Zip
Palm Beach Gardens	**FL**	**33418**	**Palm Beach Gardens**	**FL**	**33418**
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
SEP 22 2014
BY YL 733770
4:27

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.

Signature of Authorized Person — 9/18/14 Date

Nathaniel B. Baker Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
111241-12-986126