

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 1170 Bald Hill Road, LLC				
292878	1170 Dai	u Hill Roau, LL	•			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Ownersh	ip of real estate	e			
5. Principal office address P.O. Box 1271			City West Warwick	State RI	Zip 02893	
6. MAILING ADDRESS O	FLIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name Nancy E. LaCroix			Contact Title Member			
Street Address P.O. Box 1271			City West Warwick	State RI	Zip 02893	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name None			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					
			retary of State. Changes require fit			

FILED

SEP 23 2014

BY_2554

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Pile Date	and that all statements contained herein are true and correct.		
Check No	Man & Foly 9/15/14		
By::	Signature of Authorized Person Date		
	Nancy E. LaCroix		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012