

STATE OF RHODE ISLAIND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Strices

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LIMITED LIABILITY COMPANY ANNUAL REPOR

Filing Period: September 1 - November 1 • This report must be typed or printed legibly. Filling 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 na	me of the limited liabilit	y company		
1	2. Exact name of the limited liability company Sakonnet Light Real Estate, LLC				
000642922	Jakom				
					
3. State of Formation		cription of the characte	r of busines ted in Rhode	Island	
Rhode Island	Real Es				
5. Principal office address			City	State	Zip
15 Channing Street			Cambridge	βMA	02138
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND N	ME OR TITLE OF CONTACT P	ER§	
Contact Name Lucinda Jewell			Contact Title LLC Manager		
Street Address 15 Channing Street	 		City Cambridge	State MA	Zip 02138
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS
anager Name Lucinda Jewell			Manager Name		
Street Address 15 Channing Street			Street Address		
City Cambridge	State MA	Zip 02138	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN RHO	DE ISLAND	1			in S
		o Office of the Secret	ary of State. Changes require	filing Form 642	
ins mormation is currently	or record in th	e Office of the Secret	ary or State, Orlanges require	many i dilli datas	

FILED

SEP 2 4 2014

File Date	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.			
Check No	9/22/14			
By:	Signature of Authorized Person Date			
	Lucinda Jewell			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012