## CLIENT'S COPY



## 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. 122494	2. Exact na Demovie	2. Exact name of the limited liability company  Demovick Real Estate Design Development Sales, LLC				
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rho	de Island	· · · · · · · · · · · · · · · · · · ·	
RI	Real Est	ate Developme	nt	ac island		
5. Principal office address 70 Noyes Neck Road			City <b>Westerly</b>	State RI	Zip <b>02891</b>	
⊚MAILING ADDRESS OI Contact Name Harvey C. Demovic		TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title	PERSON		
Street Address 70 Noyes Neck Road			City Westerly	State <b>RI</b>	Zip <b>02891</b>	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD		LIMITED LIABILITY COMPANY,		NOT LIST MEMBER	
lanager Name	ager Name			Manager Name		
reet Address			Street Address			
Dity	State	Zip	City	State	Zip	
anager Name			Manager Name			
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
RESIDENT AGENT IN R						
nis information is currer	ntly of record in the	Office of the Secr	retary of State. Changes require	filing Form 642.		
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	•			51	EP 2 1 2014	
				BY	1008	
(File Date			this report, including	g any accompanying s	irm that I have examine schedules and stateme	
Check No			and that all statemen	ots contained herein a	are true and correct. $G/22/$	
BV: Friday Company			Signature of Authorize	ed Person	Date	

Harvey C. DeMovid Jr.

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

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