



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. <u>000142429</u>		2. Exact name of the limited liability company <u>Beach Condo Tiverton LLC.</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Investment</u>			
5. Principal office address <u>6955 Carlisle Ct 148</u>		City <u>Naples</u>	State <u>FL</u>	Zip <u>34109</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Sonja R. Spier</u>			Contact Title		
Street Address <u>6955 Carlisle Ct 148</u>		City <u>Naples</u>	State <u>FL</u>	Zip <u>34109</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Sonja R. Spier</u>			Manager Name		
Street Address <u>6955 Carlisle Ct 148</u>			Street Address		
City <u>Naples</u>	State <u>FL</u>	Zip <u>34109</u>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>Alexander L. Spier 59 Waters Edge Unit 16 Building 5023 Tiverton R.I. 02878</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 29 2014

BY

3018

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.

Sonja R. Spier 9/24/14
Signature of Authorized Person Date

Sonja R. Spier
Print or Type Name of Authorized Person

File Date

Check No

By:

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