

## 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. <b>129553</b>		2. Exact name of the limited liability company Harmony Management LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island				
RI	Property	Property management				
5. Principal office address 438 West Central Street, PO Box Q			City Franklin	State MA	Zip <b>02038</b>	
	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTAC	PERSON:		
Contact Name Margaret C. Ranieri			Contact Title Manager			
Street Address 438 West Central Street, PO Box Q			City <b>Franklin</b>	State MA	Zip <b>02038</b>	
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACH		RESSES) OF THE LII	MITED LIABILITY COMPANY	, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Margaret C. Ranieri			Manager Name			
Street Address 438 West Central Str	reet, PO Box Q	!	Street Address			
City Franklin	State MA	Zip <b>02038</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RI	HODE ISLAND	in i				
This information is current	tly of record in the	Office of the Secret:	ary of State, Changes requir	e filing Form 642		

	Under penalty of perjury, I declare and affirm that i have examined this report, including any accompanying schedules and statements			
File Date	and that all statements contained herein are true and correct.			
Check No	Margare Chanceri 8/11/			
Ву:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Margaret C. Ranieri			
FUH SECHETART UF STATE USE UNLT	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012