



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. 161274		2. Exact name of the limited liability company Mendon Crossing, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To own and manage real estate			
5. Principal office address 89 Central Street		City Manville		State RI	Zip 02838
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (IF DIFFERENT FROM PRINCIPAL OFFICE ADDRESS)					
Contact Name Keith Beauchamp		Contact Title Member			
Street Address 89 Central Street		City Manville		State RI	Zip 02838
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☐					
Manager Name		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
B. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 6 2014

11/6/14

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Keith Beauchamp 9-16-14
Signature of Authorized Person Date
Keith Beauchamp
Print or Type Name of Authorized Person