



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. 101997		2. Exact name of the limited liability company M F H INVESTMENTS, LLC			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE/ INVESTMENTS			
5. Principal office address 8 CARRIAGE LANE		City RUMFORD	State R.I.	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MEREDITH F. HOWE		Contact Title MANAGER			
Street Address 8 CARRIAGE LANE		City RUMFORD	State R.I.	Zip 02916	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name MEREDITH FOSTER HOWE		Manager Name JOHN TIMOTHY HOWE			
Street Address 8 CARRIAGE LANE		Street Address 8 CARRIAGE LANE			
City RUMFORD	State R.I.	Zip 02916	City RUMFORD	State R.I.	Zip 02916
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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 07 2014

BY 114

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.

Meredith Foster Howe 10/5/2014
Signature of Authorized Person Date

MEREDITH FOSTER HOWE
Print or Type Name of Authorized Person