

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filling 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.		2. Exact name of the limited liability company A.F. HOMES, LLC				
106452	A.F. HO	MES, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	HOME B	HOME BUILDING				
5. Principal office address 22 KENT PLACE			City CRANSTON	State RI	Zip 02905	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name ARMAND FERLAND			Contact Title			
Street Address 22 KENT PLACE			City CRANSTON	State RI	Zip 02905	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name ARMAND F. FERLAND			Manager Name			
Street Address 22 KENT PLACE			Street Address			
CRANSTON	State RI	Zip 02905	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	HODE ISLAND			V m i v i v i v		
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require f	ling Form 642.		

FILED

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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.

Signature of Authorized Person

Date

ARMAND F. FERLAND

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

File Date