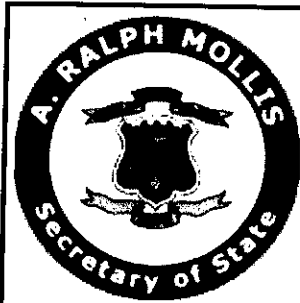


**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[| LOGOUT |](#)**Limited Liability Company
Annual Report**

For Period: September 1 - September 1



If you are having trouble...

According to R.I. G.L. 7-16-66(a), each limited liability company failing or refusing to
submit an annual report within thirty (30) days after the time prescribed by law, R.I. G.L. 7-16-
66(a), is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014**1. ID No.** 000132119**2. Exact Name of the Limited Liability Company** GARDNER'S WHARF HOLDING, LLC**3. State of Formation**

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE HOLDING

 **FILED**
OCT 09 2014
6043

5. Principal Office Address

No. and Street: 170 MAIN STREET

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KEVIN B BATES

Contact Title: MEMBER

No. and Street: 170 MAIN STREET

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:
Clear Add

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

WALTER P. SMITH, JR. 1542 MAIN STREET, SUITE 3 WEST WARWICK, RI 02893

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street: - Same Address as -

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email: Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 1 Day of October, 2014 at 12:20:56 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the confirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By J. B. Bate
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing
☐ Accept ☐ Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

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