RI SOS Filing Number: 201447405740 Date: 10/09/2014 4:00 PM

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

A. Ralph Mollis, Secretary of Sta
Corporations Divisi
148 W. River Stre
Providence, RI 02904-26
401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
103779	300 MENDON ROAD, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE RENTAL

5. Principal office address	City	State	Zip
300 MENDON ROAD	CUMBERLAND	RHODE ISLAND	02864

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Peter K.Landers	Managing Partner

Street Address / Street Address	City	State	Zip
300 Mendon Road	Cumberland	Rhode Island	02864

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE - DO NOT LIST MEMBERS)
FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT ☐)

Manager Name	Street Address	City	State	Zip
Peter K. Landers	106 Log Road	Harrisville	R.I.	02830
Sarah J. Landers	106 Log Road	Harrisville	R.I.	02830

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 (R.I.G.L. 7-16-11)

Agent Name	Address	City	Zip
PETER K. LANDERS	300 MENDON ROAD	CUMBERLAND	02864

FILED
OCT 09 2014
1019

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

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this rep
including any accompanying schedules and statements, and that all stateme
contained herein are true and correct.

Peter K Landers 10/6/14
Signature of Authorized Person *Date*

Peter K. Landers
Print or Type Name of Authorized Person

[redacted]

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07