

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.		2. Exact name of the limited liability company SOUTH COUNTY TRAIL LLC				
149121						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	Real Estate				
5. Principal office address 15 Scotch Pine Circle			City Wellesley	State MA	Zip 02481	
6 MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name Joseph R. DiStefano, Esq.			Contact Title Attorney			
Street Address One Citizens Plaza, 8th Floor			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGER	S (NAMES AND ADD CHMENT) [RESSES) OF THE L	MITED LIABILITY COMPANY, I		NOT LIST MEMBERS	
Manager Name Contos Management Corp.			Manager Name			
Street Address 15 Scotch Pine Circle			Street Address			
City Wellesley	State MA	Zip 02481	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND		Harris and the same of the sam			
This Information is curr	ently of record in the	e Office of the Secret	tary of State. Changes require	filing Form 642.		

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By:	A SHIP HANGE	Away and Police
FOR SECF	RETARY OF S	TATE USE ONLY

Form No. 632 Revised: 01/2012 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

10-9-14

Katerina Contos, Pres., Contos Management Corp.

Print or Type Name of Authorized Person