

## 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 na	me of the limited liab	pility company			
419338	Homeste	Homestead Garden Sheds, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Construction				
Rhode Island	Constru					
5. Principal office address 600 Putnam Pike			City Chepachet	State RI	Zip <b>02814</b>	
6. MAILING ADDRESS C	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Lionel Delos			Contact Title  Member			
Street Address 24 Rustic Acres Drive			City Chepachet	State <b>RI</b>	Zip <b>02814</b>	
7. LIST ALL MANAGER	S (NAMES AND ADD HMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND					
This information is curre	ently of record in the	e Office of the Seci	retary of State. Changes require	filina Form 642.		

FILED

1073-14

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date and that all statements contained herein are true and correct. Check No

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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