

## 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 WATCH HILL HOUSE, LLC				
796034	WAICH					
S. State of Formation	<b>I</b>	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Real Est	Real Estate Holdings				
. Principal office address 209 Watch Hill Road			City Westerly	State <b>RI</b>	Zip <b>02891</b>	
. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Steven Brankert		Contact Title Sole Owner				
Street Address 209 Watch Hill Road			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
, LIST <u>all</u> managers ("X" box for attach		RESSES) OF THE LI	MITED LIABILITY COMPANY,	The first of the second of the	NOT LIST MEMBE	
("X" BOX FOR ATTACH Nanager Name		JRESSES) OF THE LI	Manager Name	The first of the second of the	NOT EIST MEMBE	
("X" BOX FOR ATTACH Manager Name Steven Brankert Street Address	IMENT)	RESSES) OF THE LI		The first of the second of the	NOT LIST MEMBE	
("X" BOX FOR ATTACH flanager Name Steven Brankert Street Address 209 Watch Hill Road City	IMENT)	Zip 02891	Manager Name	The first of the second of the	Zip	
("X" BOX FOR ATTACH lanager Name Steven Brankert street Address 209 Watch Hill Road Sity Westerly	State	Zip	Manager Name Street Address			
("X" BOX FOR ATTACH Anager Name Steven Brankert Street Address 209 Watch Hill Road City Westerly Manager Name	State	Zip	Manager Name Street Address City			
("X" BOX FOR ATTACH Manager Name Steven Brankert Street Address 209 Watch Hill Road City Westerly Manager Name Street Address	State	Zip	Manager Name Street Address City Manager Name			
	State RI  State	Zip <b>02891</b>	Manager Name Street Address City Manager Name Street Address	State State	Zip	

FILED

OCT 2 0 2014

10-17-2014

File Date Check No	Under penalty of perjury, I declare and affirm this report, including any accompanying scand that all statements contained berein are	nedules and statements,
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Steven Brankert	
FOR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012