

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

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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 nar P.A.R., L	ne of the limited liability	y company			
116703	F.A.N., L	F.A.R., LLG				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Hold, ow	n, lease, buy, sei	improve, develop real estate			
5. Principal office address 15 Old Beach Road			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Joseph M. Hall, Esq.			Contact Title			
Street Address 15 Old BeachRoad		City Newport	State RI	Zip 02840		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Patricia A. Rompf			Manager Name None			
Street Address 235 Plain Street, U	nit #301		Street Address			
City Providence	State RI	Zip 02905	City	State	Zɨp	
City Providence Manager Name None		Zip 02905	City Manager Name None	State	Zip	
Providence Manager Name		Zip 02905	Manager Name	State	Zip	
Providence Manager Name None		Zip 02905 Zip	Manager Name None	State	Zip Zip	
Providence Manager Name None Street Address	State		Manager Name None Street Address			

FILED

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Flie Date	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.		
Check No	and that all tute and correct.	Ź	
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Patricia A. Rompf	_	

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012