



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. 794204		2. Exact name of the limited liability company 79 Joyce Street Studio LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To engage in any lawful act or activity for which a Limited Liability LLC may be formed within the State of Rhode Island.			
5. Principal office address 79 Joyce Street		City Warren		State RI	Zip 02885
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph Gibb Brownlie		Contact Title Member			
Street Address 79 Joyce Street		City Warren		State RI	Zip 02885
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Joseph Gibb Brownlie		Manager Name			
Street Address 79 Joyce Street		Street Address			
City Warren	State RI	Zip 02885	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 currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 20 2014

BY

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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.

Joseph Gibb Brownlie
Signature of Authorized Person

10.16.14
Date

Joseph Gibb Brownlie

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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