

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.

-USENUA		me of the limited liabilin Rock, LLC	ty company			
R.I.		Brief description of the character of business conducted in Rhode Island Rental Real Estate Management				
5. Principal office address 55 King Philip Drive			City Rehoboth	State MA	Zip 02769	
. MAILING ADDRESS OF LIK	ATTED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Susan T. Richards			Contact Title Manager			
Street Address 55 King Philip Drive			City Rehoboth	State MA	Zip 02769	
. LIST <u>all</u> Managers (na ("X" box for attachmei	MES AND ADD NT) [RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Susan T. Richards			Manager Name Thomas J. Richards, Jr			
Street Address 55 King Philip Drive			Street Address 55 King Philip Drive			
ity Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	^{Zip} 02769	
lanager Name			Manager Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHO	DE ISLAND					
nis information is currently (y record in the	Office of the Secret	ary of State. Changes require	filling Form 642.	FILED	
					OCT 2 0 2014	
				ВУ	_1132	
File Date			this report, including	jury, i declare and affl any accompanying s its contained herein a	irm that I have examined schedules and statements the true and correct.	
Check No			Lusan !	Michaels	10/14/201	
Ву:			Signature of Authorize	d Person	/0//4/20/ Date	
FOR SECRETARY OF STATE	USE ONLY		Susan T. Richards Print or Type Name of Authorized Person			
			Print or Type Name of	Authorized Person		

Form No. 632 Revised: 01/2012