



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. 799958		2. Exact name of the limited liability company SE Property Management, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REO Field Services, Home Watch, home services such as staging for resale or downsizing, curb appeal upgrades			
5. Principal office address 225 Promenade Street, Unit 210			City Providence	State RI	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Emily Barry			Contact Title Manager		
Street Address 225 Promenade Street, Unit 210			City Providence	State RI	Zip 02908
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 Emily Barry			Manager Name		
Street Address 225 Promenade Street, Unit 210			Street Address		
City Providence	State RI	Zip 02908	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 60881

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Emily Barry _____ **9/14/2014**
 Signature of Authorized Person Date

Emily Barry
 Print or Type Name of Authorized Person