



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. <u>147004</u>		2. Exact name of the limited liability company <u>McCauley Family Real Estate LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. Principal office address <u>118 Young Drive</u>		City <u>Pontsmoot</u>		State <u>RI</u>	Zip <u>02871</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>David McCauley</u>			Contact Title <u>President</u>		
Street Address <u>118 Young Drive</u>		City <u>Pontsmoot</u>		State <u>R.I.</u>	Zip <u>02871</u>
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>David McCauley</u>			Manager Name		
Street Address			Street Address		
City <u>RI</u>		State	Zip		
Manager Name			Manager Name		
Street Address			Street Address		
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 21 2014

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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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person