



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. 713879		2. Exact name of the limited liability company HAR-LIN PROPERTIES, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASE, MANAGE AND SELL RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.			
5. Principal office address 1220 LAFAYETTE ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LINDA COLE		Contact Title MEMBER			
Street Address 1220 LAFAYETTE ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 21 2014

BY 2382

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.

Linda C Cole 10-15-14
Signature of Authorized Person Date

LINDA COLE, MEMBER

Print or Type Name of Authorized Person