

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.

1. Entity ID No.	2. Exact name of the limited liability company 6C CADDY ROCK ROAD, LLC					
000507578						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	HOLDIN	HOLDING COMPANY				
5. Principal office address 1609 CHINABERRY WAY			City NAPLES	State FL	Zip 34105	
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:		
Contact Name GWEN BAUER			Contact Title MANAGING MEMBER OF THE GIRAFFE GROUP, LLC			
Street Address 1609 CHINABERRY WAY			City NAPLES	State FL	Zip 34105	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name THE GIRAFFE GROUP, LLC.			Manager Name			
Street Address 1609 CHINABERRY WAY			Street Address			
City NAPLES	State FL	Zip 34105	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO		<u> </u>				
This information is currently	of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.		
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File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	Awa Follis	10/14/2014	
Зу:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	GWEN BAUER		
ON SECHETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012