



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. 000674957		2. Exact name of the limited liability company 20 COLE STREET, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOLDING COMPANY			
5. Principal office address 1609 CHINABERRY WAY		City NAPLES		State FL	Zip 34105
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME 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 ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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 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 61280

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.

Gwen Bauer
Signature of Authorized Person

10/14/2014

Date

GWEN BAUER

Print or Type Name of Authorized Person