RI SOS Filing Number: 201448758070 Date: 10/23/2014 4:00 PM

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.	2. Exact name of the limited liability company		
127825	Lost River, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	Real Estate Investments		
5. Principal office address	City	State	Zip
216 Gray Craig Road	Middletown	RI	02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
Andrew F. Nicoletta			
Street Address	City	State	Zip
216 Gray Craig Road	Middletown	RI	02842
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		
Fred H Barnes IV	None		
Street Address	Street Address		
178 C Green End Ave			
City / State / Zip	City / State / Zip		
Middletown RI 02842			
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 23 2014
9036

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: 10/21/14

Andrew F. Nicoletta
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
112788-42-997388