

## 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.

3. State of Formation RHODE ISLAND 5. Principal office address 11 COOK ROAD  Contact Name JEFFREY W. COOK Street Address 11 COOK ROAD  Manager Name JEFFREY W. COOK Street Address	W ARTESIAN WELL ief description of the charact	er of business conducted in Rhode I	sland		
RHODE ISLAND  5. Principal office address 11 COOK ROAD  Contact Name JEFFREY W. COOK  Street Address 11 COOK ROAD  Manager Name JEFFREY W. COOK  Street Address	•	er of business conducted in Rhode I	sland		
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11 COOK ROAD  Contact Name JEFFREY W. COOK  Street Address 11 COOK ROAD  Manager Name JEFFREY W. COOK  Street Address					
Contact Name JEFFREY W. COOK Street Address 11 COOK ROAD  Manager Name JEFFREY W. COOK Street Address		City CUMBERLAND	State RI	Zip <b>02864</b>	
JEFFREY W. COOK Street Address 11 COOK ROAD  Manager Name JEFFREY W. COOK Street Address		OWNERCHIO		02007	
11 COOK ROAD  Manager Name JEFFREY W. COOK  Street Address		Contact Title MANAGER			
JEFFREY W. COOK Street Address		City CUMBERLAND	State <b>RI</b>	Zip <b>02864</b>	
JEFFREY W. COOK Street Address					
	Manager Name JEFFREY W. COOK		Manager Name DEBORAH A. COOK		
Street Address 11 COOK ROAD		Street Address 11 COOK ROAD			
CUMBERLAND State	Zip <b>02864</b>	City CUMBERLAND	State RI	<sup>Zip</sup> <b>02864</b>	
Manager Name		Manager Name			
Street Address		Street Address			
City State	Zip	City	State	Zip	
This information is currently of recor	in the Office of the Secre	tary of State. Changes require fili	ng Form 642.		

**FILED** 

OCT 24 2014

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Form No. 632 Revised: 01/2012 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

**JEFFREY W. COOK** 

Print or Type Name of Authorized Person