



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 789151		2. Exact name of the limited liability company 112 BELMONT, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDS REAL ESTATE			
5. Principal office address 6 MEADOWBROOK WAY		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID MAHONEY			Contact Title MANAGER		
Street Address 1 ROBIN VALE DRIVE		City NORTH SCITUATE	State RI	Zip 02857	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JANE GRAYHURST			Manager Name DAVID MAHONEY		
Street Address 19 COMMODORE PLACE			Street Address 1 ROBIN VALE DRIVE		
City PALM BEACH GARDEN	State FL	Zip 33418	City NORTH SCITUATE	State RI	Zip 02857
Manager Name MARSHA L. THORNBURG			Manager Name		
Street Address 504 GRAND CANAL DRIVE			Street Address		
City POINCIANA	State FL	Zip 34759	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name VINCENT J. MITCHELL			Address		
Address 303 JEFFERSON BLVD			City WARWICK, RI	Zip 02888	

FILED

OCT 24 2014

This report must be executed BY 2510 an authorized person pursuant to R.I.G.L. 7-16-66 (b).

789151

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 \_\_\_\_\_

DAVID MAHONEY

Print or Type Name of Authorized Person