



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. <u>158910</u>		2. Exact name of the limited liability company <u>HALLOON HOUSE PARTNERS LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>10 WAYBOSSET ST, STE 1000</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>EDWIN G FISCHER JR</u>		Contact Title <u>MANAGING MEMBER</u>			
Street Address <u>10 WAYBOSSET ST, STE 1000</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>EDWIN G FISCHER JR</u>		Manager Name <u>OLIVIA FISCHER FOX</u>			
Street Address <u>10 WAYBOSSET ST, STE 1000</u>		Street Address <u>36 UPLAND RD</u>			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>BROOKLINE</u>	State <u>MA</u>	Zip <u>02445</u>
Manager Name <u>CHAD B FISCHER</u>		Manager Name			
Street Address <u>364 SYCAMORE RD</u>		Street Address			
City <u>SANIT MONICA</u>	State <u>CA</u>	Zip <u>90402</u>	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

NOV 19 2014

BY 5205

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.

Edwin G Fischer Jr 11/18/14
Signature of Authorized Person Date

EDWIN G FISCHER JR
Print or Type Name of Authorized Person