

## 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. <b>789966</b>		2. Exact name of the limited liability company Phantom Properties, LLC				
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Real Estate				
5. Principal office address 2920 Diamond Hill Road			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name KERRI A. STENOVITCH			Contact Title MANAGER			
itreet Address 2920 Diamond Hill Road			City Cumberland	State RI	Zip <b>02864</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name KERRI A. STENOVITCH			Manager Name			
Street Address 2920 Diamond Hill Road			Street Address			
City Cumberland	State RI	Zip <b>02864</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN I	RHODE ISLAND					
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require fi	ling Form 642.		

FILED

NOV 2 1 2014

BY May

	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.		
File Date			
Check No	and that all statements contained neven are true	and correct.	
CHECK NO		10-27-1	
Ву:	Signalure of Authorized Person	Date *	
FOR SECRETARY OF STATE USE ONLY	KERRI A. STENOVITCH, MANAGER		
FOR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012