



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>798359</b>		2. Exact name of the limited liability company <b>GHFUN, Llc</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address <b>58 Magnolia Street</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Niall Rafferty</b>			Contact Title <b>Manager</b>		
Street Address <b>58 Magnolia Street</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
<b>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"/></b>					
Manager Name <b>Niall Rafferty</b>			Manager Name <b>Gary Stephenson</b>		
Street Address <b>58 Magnolia Street</b>			Street Address <b>2nd Floor, Goldie House, Upper Church Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Douglas</b>	State <b>Isle of Man</b>	Zip <b>1M1 1EB</b>
Manager Name <b>Alan Oates</b>			Manager Name		
Street Address <b>2nd Floor, Goldie House, Upper Church Street</b>			Street Address		
City <b>Douglas</b>	State <b>Isle of Man</b>	Zip <b>1M1 1EB</b>	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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**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

**Niall Rafferty, Manager**

Print or Type Name of Authorized Person

11/25/2014  
Date