



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>000535082</b>		2. Exact name of the limited liability company <b>Howie Harris Land Co., LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>buyers and sellers of real property</b>	
5. Principal office address <b>239 Oak St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
Contact Name <b>Michael Riley</b>		Contact Title <b>Authorized Agent</b>	
Street Address <b>PO Box 5892</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY'S MANAGERS, IF APPLICABLE. DO NOT LEAVE THIS BOX FOR ATTACHMENT. <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
7. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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**FILED**

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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

**Michael J Riley**

Print or Type Name of Authorized Person

3-11-15