

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.	2. Exact na	2. Exact name of the limited liability company						
00015093	7 Lu	HOA BR	enner Coster	ng LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
R.I carerer / private chef								
5. Principal office address 10 CHIN H	ILL ROA		City WESTERL	State R T	Zip 02891			
	F LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:				
Contact Name	Brenner		Contact Title PRESIDE	City State Zip 02891				
Street Address 10 CHIN	HILL R	040	City WES TERLY	State RI	Zip 02891			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO I</u>	NOT LIST MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address	, , , _ , , , , , , , , , , , , , , , ,		Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN I								
This information is curre	ently of record in the	Office of the Sec	retary of State. Changes require	filing Form 642.				

FILED

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File Date	BY 3034	thic report, including	ury, I declare and affirm th any accompanying sched is coylained herein are tru	hedules and statements,	
Check No		Linda	Bring	03-10-15	
Ву:	8	Signature of Authorized	DRenner	Date	
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of	Authorized Person		

Form No. 632 Revised: 01/2012