

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 DEMALTY FEE

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|---|--|--|---|------------------------|----------------------------|--|
| 1. Entity ID No. | 2. Exact name of the limited liability company | | | | | |
| 869971 | South County Real Estate LhC | | | | | |
| 3. State of Formation | 4. Brief description | Brief description of the character of business conducted in Rhode Island | | | | |
| RI | <u></u> | Real Es | state | | | |
| 5. Principal office address 24 Salt Fond Rd Suite DI | | | Walefield | State PI | Zip 02879 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name | | | Contact Title | N:T: Y | | |
| Street Address 2 Street Address | | | Sole member | | | |
| _ 28 Windmill Dr | | | Wale held | State 2 I | ^{Zip} 62874 | |
| 7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMEN" | ES AND ADDRES | SES) OF THE LIMIT! | ED LIABILITY COMPANY, IF APP | LICABLE - <u>DO NO</u> | TLIST MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | reet Address | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Žip | City | State | Zip | |
| 8. RESIDENT AGENT IN RHODE | | | | | 50 | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | | |
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| By 01 1000 | 1/1.1 | | | | 6 171 | |
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| File Date | de agentio de la cri La companya de la co | | Under penalty of perjury, I d this report, including my ac | Companying scher | fules and statements | |
| Check No | | and that all statements cont | ained herein are tr | ue and correct, | | |
| By: | | | Signature of Authorized Perso | n \ | | |
| FOR SECRETARY OF STATE U | SE ONLY | | Print or Type Name of Authoriz | zed Person | 1 ho | |
| | Consequence of the Management of States of the Consequence of the Cons | | | | | |

Form No. 632 Revised: 01/2012