



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. <u>000312210</u>		2. Exact name of the limited liability company <u>40 Acres Investment Group LLC</u>			
3. State of Formation <u>MA</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>60 Church Street</u>		City <u>Whitinsville</u>		State <u>MA</u>	Zip <u>01588</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>THOMAS J WICKHAM, ESQ.</u>		Contact Title <u>Attorney</u>			
Street Address <u>60 Church Street</u>		City <u>Whitinsville</u>		State <u>MA</u>	Zip <u>01588</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>Robert E. Starter</u>		Manager Name			
Street Address <u>41 Kickenwit Court</u>		Street Address			
City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED ←

AUG 03 2015

BY 0253974

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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.

Robert E. Starter 6/15/15
Signature of Authorized Person Date

Robert E. Starter, Manager
Print or Type Name of Authorized Person

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