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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 name of the limited liability company
000553708	Four Sisters, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	Real Estate Management

5. Principal office address	City	State	Zip
18 Wheeler Road	Lincoln	MA	01773

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Pamela M. Dickinson	Manager

Street Address	City	State	Zip
18 Wheeler Road	Lincoln	MA	01773

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
John T. Dickinson	18 Wheeler Road	Lincoln	MA	01773
Pamela M. Dickinson	18 Wheeler Road	Lincoln	MA	01773

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.

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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 7/29/15

Pamela M. Dickinson, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
125284-1063861