

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

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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.

Entity ID No.	2. Exact nan	ne of the limited liabil	ity company			
129192		lebsten	e Cottag	ge LLC		
3. State of Formation	4. Brief desc	ription of the charact	er of business conducted in F	Rhode Island		
RI	Re	al E57	late Inc	lest ments		
5. Principal office address		_	City Co. i (State	Zip	
216 GRAY	(craig	Koaa	MIGAL	etown RI	02842	
				CIPERON .		
Contact Name	3	· · · · · · · · · · · · · · · · · · ·	Contact Title			
TROM M. Street Address	Banno		City 40' iii	State	Zip _	
178 C Ghelh 178 C Ghelh 17 LIST MANAGERS (NAMES AND ADDRESSES) OF THE LAND			Middle	Joun RI	02842	
7. LIST ALL MANAGERS EXTROX FOR ATTACH	NAMES AND ACC	RESCEN) OF THE L	HELED FABILITY CONST	NY, IF APPLICABLE - DO	HOL TRY HENDER	
Manager Name			Manager Name			
None_			govao	none		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
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Dity	State	Zip	City	State	Zip	
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his information is curren	itly of record in the	Office of the Secre	etary of State. Changes req	uire filing Form 642.	_ 22.6	
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BY an	25 873	18				
			linder negalty of	f neriury. I declare and aff	irm that I have examined	

this report including any accompanying schedules and statements, and that all statements contained herein are true and corredt.

Date

Signature of Authorized Person

Print or Type Name of Authorized Person

TROOL

Form No. 632 Revised: 01/2012

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