

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 2015

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 nar	Exact name of the limited liability company Harbor Group Home, LLC					
116538	Harbor 0						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
RI	Own's re	Own's real estate					
5. Principal office address 6 Briarwood Drive			City Barrington	State RI	Zip 02806		
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	ERSON:			
Contact Name Alan Doyle			Contact Title Member				
Street Address Same as above			City	State	Zip		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN I	RHODE ISLAND				<u>,l</u>		
This information is curre	ntly of record in the	e Office of the Seci	retary of State. Changes require	filing Form 642.			

FILED

File Date	OCT 19 2015 Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and				
Check No.		5 133001-3 Low Lley Cl	10 -/5 -/ 5		
By:		Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY		Alan J. Doyle			
		Print or Type Name of Authorized Person			

Form No. 832 Revised: 01/2012