



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. 149007		2. Exact name of the limited liability company 41 CASTLE HILL AVE., LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 421 HILL ROAD		City HARWINTON		State CT	Zip 06791
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL PREVONEAU			Contact Title		
Street Address 421 HILL ROAD		City HARWINTON		State CT	Zip 06791
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Paul Prevoneau			Manager Name		
Street Address 421 Hill Rd			Street Address		
City Harwinton	State CT	Zip 06791	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
OCT 27 2015
BY 33749

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.

Paul Prevoneau 10/06/15
Signature of Authorized Person Date

PAUL PREVONEAU

Print or Type Name of Authorized Person