



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000129272

2. Exact Name of the Limited Liability Company Bayberry Hill LLC

3. State of Formation

State: CT

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROPERTY OWNERS (FAMILY OWNED PROPERTY)

5. Principal Office Address

No. and Street: 41 JENNINGS ROAD

City or Town: SOUTH KENT

State: CT

Zip: 06785

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ELIZABETH DEVOS Contact Title: MEMBER

No. and Street: 41 JENNINGS ROAD

City or Town: SOUTH KENT

State: CT

Zip: 06785

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | ELIZABETH DEVOS                                | 41 JENNINGS ROAD<br>SOUTH KENT, CT 06785- USA              |
| MANAGER | MARK R. PRESTON                                | 109 QUAKER LANE NORTH<br>WEST HARTFORD, CT 06119 USA       |
| MANAGER | JAMES MATTHEW PRESTON                          | 21 HICKORY RIDGE ROAD SOUTH<br>PUTNEY, VT 05346 USA        |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 25 Day of November, 2015 at 2:04:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By ELIZABETH DEVOS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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