



**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. <u>683005</u>		2. Exact name of the limited liability company <u>PATRICK AHEARN ARCHITECT LLC</u>	
3. State of Formation <u>MA</u>		4. Brief description of the character of business conducted in Rhode Island <u>Architect - design</u>	
5. Principal office address <u>160 Commonwealth Ave Suite L3</u>		City <u>Boston</u>	State <u>MA</u>
		Zip <u>02116</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>			
Contact Name <u>PATRICK AHEARN</u>		Contact Title <u>OWNER</u>	
Street Address <u>160 Commonwealth Ave L3</u>		City <u>Boston</u>	State <u>MA</u>
		Zip <u>02116</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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**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.

X \_\_\_\_\_ 3-7-16  
 Signature of Authorized Person Date

PATRICK AHEARN  
 Print or Type Name of Authorized Person