



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**


148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR - 8 AM 9:12

**Limited Liability Company Annual Report for the year: 2012**

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>113985</b>		2. Exact name of the Limited Liability Company <b>SullivanHayes Companies Northeast, LLC</b>			
3. State of Formation <b>Connecticut</b>		4. Brief description of the character of business conducted in Rhode Island <b>Commercial Real Estate</b>			
5. Principal Office Address <b>10 Waterside Drive Suite 301</b>		City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>John E. Hayes II</b>			Contact Title <b>Managing Member</b>		
Street Address <b>10 Waterside Drive Suite 301</b>		City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>John E. Hayes II</b>			Manager Name		
Street Address <b>10 Waterside Drive Suite 301</b>			Street Address		
City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>John E. Hayes II</b>				Date <b>04/06/2016</b>	
Signature of Authorized Person  SIGN DOCUMENT HERE					

**FILED**

**APR 19 2016**

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