



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>567305</u>		2. Exact name of the limited liability company <u>Housekey Properties LLC</u>	
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Management</u>	
5. Principal office address <u>211 Holly Ridge Road</u>		City <u>South Kingstown</u>	State <u>R.I.</u>
		Zip <u>02892</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <u>Steven Wojciechowski</u>		Contact Title	
Street Address <u>211 Holly Ridge Road</u>		City <u>South Kingstown</u>	State <u>R.I.</u>
		Zip <u>02892</u>	
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"/>			
Manager Name <u>Steven Wojciechowski</u>		Manager Name <u>Renee T. Wojciechowski</u>	
Street Address <u>211 Holly Ridge Road</u>		Street Address <u>211 Holly Ridge Road</u>	
City <u>South Kingstown</u>	State <u>R.I.</u>	City <u>South Kingstown</u>	State <u>R.I.</u>
Zip <u>02892</u>		Zip <u>02892</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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

APR 27 2016

BY U 273402

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File Date _____
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 By: _____
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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.

Steven Wojciechowski 4/25/2016
 Signature of Authorized Person Date
Steven Wojciechowski
 Print or Type Name of Authorized Person