



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.		2. Exact name of the limited liability company		
119718		OCEAN HIGHLANDS, LLC		
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND		PURCHASING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL PROPERTY AND OTHER RELATED BUSINESS		
5. Principal office address		City	State	Zip
15 DUMPLING DRIVE		JAMESTOWN	RI	02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name		Contact Title		
DAVID H. LAURIE		MANAGER		
Street Address		City	State	Zip
15 DUMPLING DRIVE		JAMESTOWN	RI	02840
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		Manager Name		
DAVID H. LAURIE				
Street Address		Street Address		
15 DUMPLING DRIVE				
City	State	Zip	City	State
JAMESTOWN	RI	02835		
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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

MAY 12 2016

By 274121
A.A.

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.

Signature of Authorized Person

Date

DAVID H. LAURIE

Print or Type Name of Authorized Person

File Date

Check No

By:

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