



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

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2016 JUL 12 AM 10:59

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS

**Limited Liability Company Annual Report for the year: 2014**

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		2. Exact name of the Limited Liability Company			
794497		Richard D. Thomas, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
CT		Real estate ownership and management			
5. Principal Office Address		City	State	Zip	
17 Calvin Road		West Hartford	CT	06110	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard D. Thomas			Contact Title Owner		
Street Address 17 Calvin Road			City West Hartford	State CT	Zip 06110
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Richard D. Thomas				Date 05/31/2016	
Signature of Authorized Person <i>Richard D. Thomas</i>					

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FILED

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By 279439

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