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

Annual Report for the year: 2011
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number **121489**	2. Exact name of the Limited Liability Company **The Last Word, LLC**		
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Development, acquisition, construction, ownership, sale, or rental of real estate**		

5. Principal Office Address **1010 Matunuck Beach Road**	City **South Kingstown**	State **RI**	Zip **02879**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Kim Dubs**	Contact Title **Manager**		
Street Address **1010 Matunuck Beach Road**	City **South Kingstown**	State **RI**	Zip **02879**

7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **Kim Dubs**			Manager Name		
Street Address **1010 Matunuck Beach Road**			Street Address		
City **South Kingstown**	State **RI**	Zip **02879**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person **Kim Dubs**	Date **7-12-16**
Signature of Authorized Person *K Dubs*	

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 05/2016