



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

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Annual Report for the year: 2009
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 <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.					
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 <i>Kim Dubs</i>					

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BY 281227

MAIL TO:
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