



**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 **2016**

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. <b>129553</b>		2. Exact name of the limited liability company <b>Harmony Management LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Property management</b>			
5. Principal office address <b>438 West Central Street, P.O. Box Q</b>		City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	
Contact Name <b>Margaret C. Ranieri</b>		Contact Title <b>Manager</b>			
Street Address <b>438 West Central Street, P.O. Box Q</b>		City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	
<b>LIST ALL MANAGERS (NAME AND ADDRESS) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS.</b> <input type="checkbox"/> NO MANAGERS TO LIST					
Manager Name <b>Margaret C. Ranieri</b>		Manager Name			
Street Address <b>438 West Central Street, P.O. Box Q</b>		Street Address			
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

*Margaret C. Ranieri* 8/16/16  
 Signature of Authorized Person Date

**Margaret C. Ranieri**  
 Print or Type Name of Authorized Person

**FILED**

SEP 09 2016

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