



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

**Annual Report for the year:** 2016

**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<br><b>121844</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Roseann Halladay, LLC</b>                             |                             |                         |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Business</b> |                             |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                             |                         |                     |
| 6. Principal Office Address<br><b>20 Sullivan Lane</b>  |       | City<br><b>Bristol</b>   |                             | State<br><b>RI</b>      | Zip<br><b>02809</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                             |                         |                     |
| Contact Name <b>Roseann Halladay</b>  |       |  | Contact Title <b>Member</b> |                         |                     |
| Street Address <b>20 Sullivan Lane</b>  |       | City <b>Bristol</b>  |                             | State <b>RI</b>         | Zip <b>02809</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>   |       |  |                             |                         |                     |
| 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"/>  |       |  |                             |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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<br><b>Roseann Halladay</b>  |       |  |                             | Date<br><b>10-16-16</b> |                     |
| Signature of Authorized Person<br><i>Roseann Halladay</i> <b>SIGN DOCUMENT HERE</b>   |       |  |                             |                         |                     |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov

**FILED**

**OCT 21 2016**

**By**

**4974AA**