	State of Rhode Island and Pro- Department of State -	widence Plantations Business Services Division
Limite	I Report for the year: d Liability Company	2016
	ng period: September 1 - No ng Fee: \$50.00	vember 1

→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 104849	2. Exact name of the Limited Liability Company TIMBER CREEK RV RESORT, LLC					
3. NAICS Code 72 - Accommodation and Food			cter of business conducted in Rhode Island AL VEHICLE RESORT			
5. State of Formation RHODE ISLAND						
6. Principal Office Address 118 DUNNS CORNERS ROAD			City WESTERLY	State RI	Zip 02891	
7. Mailing Address of Limited Lia		ny and Name or Tr	tle of Contact Person			
Contact Name CAROL A. CRANI	DALL		Contact Title			
Street Address 127 DUNNS COR	NERS ROAD		City WESTERLY	State RI	^{Zip} 02891	
8. List ALL managers (names ar	d addresses	of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name CAROL A. CRAN	DALL		Manager Name			
Street Address 127 DUNNS COR	NERS ROAD		Street Address			
City WESTERLY	State RI	Zip 02891	City	State	Zip	
Manager Name		1 <u></u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informa	ition is currently of re	cord with the Department of Sta	te. Changes require filin	ig Form 642.	
Under penalty of perjury, I deci statements, and that all statem	are and affir ents contain	m that I have exa ed herein are tru	mined this report, including e and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	1	
CAROL A. CRANDALL				1420	116	
Signature of Authorized Person	axda	(Jaign do	CUMENT HERE			

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 OCT 27 2016

3y 7491 Val