

R.I. ESTOPIVED

R.I. ESTOPIVED

803 SYCS DIV

2016 MOY - 7 PM T: 24

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	2. Exact name of the Limited Liability Company					
756107	Carney Cottage, LLC					
3. NAICS Code 53	Brief description of the character of business conducted in Rhode Island real estate and investment management					
5. State of Formation	100.0=	The second of th				
RI						
6. Principal Office Address	1		City	State	Zip	
21 Moosehorn Road			East Greenwich	RI	02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Doreen A. Reid			Contact Title Manager			
Street Address 21 Moosehorn Road			City East Greenwich	State RI	Zip 02818	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Doreen A. Reid			Manager Name			
Street Address 21 Moosehorn Road			Street Address			
City East Greenwich	State RI	^{Zip} 02818	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with 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 Doreen A. Reid				Oct. 2	0,2016	
Signature of Authorized Person SIGNODOCUMENT HERE						

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

NOV 07 2016

FORM 632 - Revised: 08/2016