

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

2016 NOV 15 AM II: 22

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→ 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				
797776	Carey Lane Trust, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental and	Real estate.				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
50 Barnes Street			Providence	RI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Charlotte B. Harvey			Contact Title Member		
Street Address 50 Barnes Street			City Providence	State RI	^{Zip} 02906
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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					
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 Date					
Charlotte B. Harvey 11/14/16					
Signature of Authorized Person					

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**

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