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## 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

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.	2. Exact name of the limited liability company								
793927	Stumpy Point LLC								
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island								
Rhode Island	Holds title to, manages and pays expenses for Lot 15, Tax Map 17 in the								
5. Principal office address 27	7 Stumpy Po	int Lane	City	ty Charlestown State RI Zip 02813					
6. MAILING ADDRESS OF LIMIT	TED LIABILITY CO	MPANY AND NAME O	R TITL	E OF CONTACT PERSON	:				
Contact Name Walter B. Mahony, III			Contact Title Manager						
Street Address 27 Stumpy Point Lane			City	Charlestown	State	RI	Zip O	2813	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)									
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City		State		Žip		
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zìp	City		State		Zip	, ,	
8. RESIDENT AGENT IN RHODE	ISLAND	<u></u>	<u> </u>	· · · ·	<u> </u>		<u> </u>		
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.									

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FOR SECRETARY OF STATE USE ONLY

Under penalty of per this report, including and that all-eletemen	any accompan	ying scheduk	es and state	ements,
Signature of Anthoriza	allem d Person	New York	3	11/201
Print or Type Name of	Authorized Pers	Alder	-1' <del>)</del>	<u>lil</u>

2017