RI SOS Filing Number: 201750524730 Date: 9/27/2017 4:00:00 PM



Annual Report for the year: 2017
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.

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1. Entity ID Number 796204	2. Exact name of the Limited Liability Company Mohegan Trail 1014, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Family beach house owned by LLC. House is rented approximately 6 weeks per year, balance of summer used by family.					
531390						
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
24 Briarfield Rd.			Barrington	RI	02806	
7. Mailing Address of Limited L	ability Compan	y and Name or Titl	e of Contact Person			
Contact Name Joan Lubrano			Contact Title manager			
Street Address 24 Briarfield Rd.			City Barrington	State RI	^{Zip} 02806	
8. List ALL managers (names	and addresses)	of the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name Joan Lubrano			Manager Name			
Street Address 24 Briarfield Rd.			Street Address			
City Barrington	State RI	^{Zip} 02806	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u></u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isl	and. This informs	ition is currently of re	cord with the Department of Sta	ite. Changes require fili	ng Form 642.	
Under penalty of perjury, I do statements, and that all state	eclare and affir ements contain	m that I have exa- led herein are true	mined this report, includin e and correct.	g any accompanyli	ng schedules and	
Name of Authorized Person	Date					
Joan Lubrano	9/20/1	7				
Signature of Authorized Person		SIGN D	OCUMENT 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**

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