

STAMP

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.

1. Entity ID Number 1288425		2. Exact name of the Limited Liability Company 1 Terra Drive					
3. NAICS Code 531110		Brief description of the character of business conducted in Rhode Island Season House Rental.					
5. State of Formation							
Connecticut							
6. Principal Office Address			City	State	Zip		
595 Vauxhall Street Ext.			Waterford	СТ	06385		
7. Mailing Address of Limit	ed Liability Compa	any and Name or		-	· · ·		
Contact Name Janet O. Theiler		Contact Title Owner	Contact Title Owner				
Street Address 595 Vauxhall Street Ext.			City Waterford	State CT	^{Zip} 06385		
8. List ALL managers (nan	nes and addresse	s) of the Limited I	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Addres		Street Address	Street Address				
City	Stat -	Zir -	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indicate an attach						
9. Resident Agent in Rhode	e Island. This inform	nation is currently o	of record with the Department of St	ate. Changes require filin	ig Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
Janet O. Theiler			10/4/17	10/4/17			
Signature of Authorized Pe	erson	Sign	ROYAR LINE	 			
			10 41-00				

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 1 0 2017