State of Rhode Island and Providence Plantations  Department of State - Business Services Division			
Annual Report for the year: 2014 Limited Liability Company			
→ Filing period: September 1 - November 1			

-> 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					
484461000	First New Canaan LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390					İ	
5. State of Formation						
RI	Real	Estate	_		Ì	
6. Principal Office Address	•		City	State	Zip	
H Westerly Road			westerly	RI	02891	
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person			
MICHELE SINOIS			Contact Title Book Keeper			
Street Address			City New Cangan	State	Zip 06840	
8. List ALL managers (names a	nd addresses) of	the Limited Liabil		- DO NOT LIST M	EMBERS	
Manager Name Arnold Kar	Manager Name					
Street Address			Street Address 20 CCC			
chy New Canaan	State	Zip 06840	City	State	ZIP OR SET JAN	
Manager Name			Manager Name 2 200			
Street Address		Street Address				
City	State	Zip	City	State	Zip ··	
	<u> </u>	<u> </u>	<u> </u>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	ind. This informatio	n is currently of rec	ord with the Department of State			
Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have exan	nined this report, including			
Name of Authorized Person			Date	Date		
Arnold M. Karp				18 18		
Signature of Authorized Person						
amka	P					
-	1					

MAIL TO:

Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



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