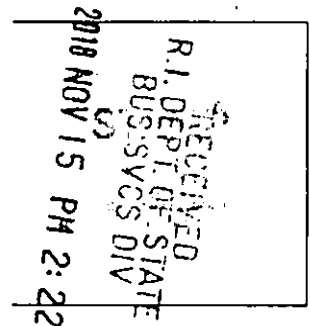




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 1664441 | | 2. Exact name of the Limited Liability Company ROBINSON CARTER FAMILY, LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island Property Management of Beach House - No Rental Activity | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 135 SAND TURN ROAD | | | City SOUTH KINGSTOWN | State RI | Zip 02879 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name PATRICIA CHARITY | | | Contact Title MANAGER | | |
| Street Address 3 ESKA DRIVE | | | City LEDYARD | State CT | Zip 06339 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name PATRICIA CHARITY | | | Manager Name | | |
| Street Address 3 ESKA DRIVE | | | Street Address | | |
| City LEDYARD | State CT | Zip 06339 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 PATRICIA CHARITY | | | | Date 11-9-18 | |
| Signature of Authorized Person <i>Patricia Charity</i> | | | | SIGN DOCUMENT 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

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FORM 632 - Revised: 10/2017