



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

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2018 NOV 15 PM 2:22

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 ☐					
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

FILED

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FORM 632 - Revised: 10/2017