



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>141372</u>		2. Exact name of the limited liability company <u>Patricia Development, LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real estate 53110</u>			
5. Principal office address <u>30 Sweet Meadows Court</u>		City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Patricia Herchen</u>		Contact Title <u>member</u>			
Street Address <u>PO BOX 115</u>		City <u>wakefield</u>	State <u>RI</u>	Zip <u>02880</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>None</u>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

JUN - 7 PH 12: 29  
 CORPORATION DIVISION

**FILED**

JUN 07 2019

BY AAT CM  
A.A. 12:31 P.M.

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.

Patricia Herchen 9/30/18  
 Signature of Authorized Person Date  
Patricia Herchen  
 Print or Type Name of Authorized Person

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>