



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

FILED

OCT 07 2019

BY

Annual Report for the year: **2019**

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 000951354		2. Exact name of the Limited Liability Company Spring Creek LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Owner of a single-family residence in Newport, RI			
5. State of Formation Rhode Island					
6. Principal Office Address 9 Farm Springs Road		City Farmington		State CT	Zip 06032
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name George David		Contact Title Member			
Street Address 9 Farm Springs Road		City Farmington		State CT	Zip 06032
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Turner C Scott		Manager Name			
Street Address 122 Tower St.		Street Address			
City Newport	State RI	Zip 02840	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.					
<i>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.</i>					
Name of Authorized Person George David				Date September 25, 2019	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
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