



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

**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.

**FILED STAMP**

NOV 12 2019

BY

*1358 DS*

|   |       |   |                             |                        |                     |
|---|-------|---|-----------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>001661264</b>   |       | 2. Exact name of the Limited Liability Company<br><b>MY VERMONT HOME, LLC</b>   |                             |                        |                     |
| 3. NAICS Code<br><b>531390</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>Real Estate Holding Company</b> |                             |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |                             |                        |                     |
| 6. Principal Office Address<br><b>401 Main Street</b>   |       |   | City<br><b>Ashaway</b>      | State<br><b>RI</b>     | Zip<br><b>02804</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                        |                     |
| Contact Name <b>Raymond J. Quinlan</b>  |       |   | Contact Title <b>Member</b> |                        |                     |
| Street Address <b>401 Main Street</b>   |       |   | City <b>Ashaway</b>         | State <b>RI</b>        | Zip <b>02804</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                        |                     |
| Manager Name  |       |   | 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                 |
| 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.   |       |   |                             |                        |                     |
| <b>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.</b> |       |   |                             |                        |                     |
| Name of Authorized Person<br><b>Raymond J. Quinlan, Member</b>  |       |   |                             | Date<br><b>11/9/19</b> |                     |
| Signature of Authorized Person<br><i>Raymond J. Quinlan</i>   |       |   |                             | SIGN DOCUMENT HERE     |                     |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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