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

FILED

DEC 16 2019

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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 **793747**	2. Exact name of the Limited Liability Company **LaFountain Properties, LLC**			
3. NAICS Code **531311**	4. Brief description of the character of business conducted in Rhode Island **To engage in any lawful busines**			
5. State of Formation **RHODE ISLAND**				

6. Principal Office Address **441 Moonstone Beach Road**	City **Wakefield**	State **RI**	Zip **02879**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **John G. LaFountain**	Contact Title **Member**		
Street Address **P.O. Box 464**	City **Wakefield**	State **RI**	Zip **02880**

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **John G. LaFountain**			Manager Name		
Street Address **P.O. Box 464**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	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 **John G. LaFountain**	Date **12-1-19**
Signature of Authorized Person [signature]	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

FORM 632 - Revised: 10/2017