

## 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 2013

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. 155298		2. Exact name of the limited liability company Shady Lea LLC.				
3. State of Formation		Brief description of the character of business conducted in Rhode Island     Legal Business and Rentals				
5. Principal office address 2363 Post Rd.			City <b>Warwick</b>	State R.I.	Zip <b>02886</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Richard L. Johnston			Contact Title Owner			
Street Address 2363 Post Rd.			City <b>Warwick</b>	State RI	Zip <b>02886</b>	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>				
This information is curren	tly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642	d can'n i'r ar y dae y can'n a	
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## **FILED**

FEB 2 5 2014

BY	1015
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No	and that all statements contained herein are true and correct.
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	NUMARD NI JUNION

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012