



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 91627		2. Exact name of the limited liability company 189 Waterman Street, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MANAGEMENT.	
5. Principal office address 189 WATERMAN STREET		City PROVIDENCE	State RI
			Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT G CHAMPAGNE		Contact Title .	
Street Address 189 WATERMAN STREET		City PROVIDENCE	State RI
			Zip 02906 -
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Gary D. Light		Manager Name .	
Street Address 189 Waterman Street		Street Address .	
City Providence	State RI	Zip 02906	City .
Manager Name	State	Zip	City
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CARL I. FREEDMAN, ESQ.		Address ONE PARK ROW, SUITE 300	
Address .		City PROVIDENCE	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



91627 DLLC 06/12/07 01:48:00 PM

File Date **FILED**

Check No. **SEP 19 2007**

By: **1107**

FOR SECRETARY OF STATE USE ONLY

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.

and that all statements contained herein are true and correct.



Signature of Authorized Person Date

Gary D. Light

Print or Type Name of Authorized Person