



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 100389		2. Exact name of the limited liability company SEVENTY CALVERLY STREET, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, hold, develop, lease and sell real estate	
5. Principal office address 70 Calverly Street		City Providence	State Rhode Island
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Elizabeth Iannuccillo		Contact Title Member	
Street Address 70 Calverly Street		City Providence	State Rhode Island
		Zip 02908	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name NONE.		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Joseph Tudino, Esq.		Address	
Address 915 Smith Street		City Providence, RI	Zip 02908

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

11:30

File Date	FILED	08:11 AM 05/14/09
Check No.	MAY 14 2009	
By:	By [Signature]	
FOR SECRETARY OF STATE USE ONLY		

89415

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.

Signature of Authorized Person

Date

Elizabeth Iannuccillo, Member

Print or Type Name of Authorized Person