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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 2009

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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	*2. Exact name of the limited liability company*
131531	One Broadway NPT, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	To own and manage real estate, and to engage in all activities incidental thereto.

5. Principal office address	*City*	*State*	*Zip*
11 John St	Bristol	RI	02809

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Aidan Graham	

Street Address	*City*	*State*	*Zip*
11 John Street	Bristol	RI	02809

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)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
Aidan Graham	
Street Address	*Street Address*
11 John Street	
City / *State* / *Zip*	*City* / *State* / *Zip*
Bristol / RI / 02809	
Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*
Peter Brent Regan	Sayer Regan & Thayer, LLP
Address	*City* / *Zip*
130 Bellevue Avenue	Newport / 02840

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

[redacted] 131531 [redacted]

FILED

File Date AUG 14 2009

Check No. By 096080

By:

FOR SECRETARY OF STATE USE ONLY

36734-8-404190

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.

Aidan Graham 8/12/09

Signature of Authorized Person *Date*

Aidan Graham

Print or Type Name of Authorized Person

Form 632 Rev. 08/06