

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

2009

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_\_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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THIS REPORT	MUST	BE TYPED	OR PRINTED	LEGIBLY	IN BLACK INK

1. ID No. 131531  2. Exact name of the limited liability company 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		TY COMPANY AND NAM	Br, stal	State	00009	
Contact Name	LIMITED LIABILI	II COMPANI AND NAMI	OR TITLE OF CONTACT PERSON:  : Contact Title			
Aidan Graham						
Street Address	Street Address			State	Zip	
11 John Street			Bristol	RI	02809	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> 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 Bristol	State RI	<i>Ζι</i> μ 02809	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes re			require filing of Form 642 - R.I.G.L. 7-16-11  Address			
Peter Brent Regan			Sayer Regan & Thayer, LLP			
Address			City		Zip	
130 Bellevue Avenue			Newport	wport 02840		
<u> </u>			-			

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

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Fil	ED	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.
File Date AUG 1	4 2009 18 8 WY 71 9NY	16002 Cela Crachom 8/12/09
Check No. By 09	WORD MIGHT WELL	Signature of Authorized Person Date
By:	ZIVES LL A SECULIÓ REPREMENTANTA	Aidan Graham
FOR SECRETARY OF S	STATE USE ONLY GARAGE GROUP	Print or Type Name of Authorized Person