



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

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 RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To own and manage real estate, and to engage in all activities incidental thereto.	
5. Principal office address 11 John St		City Bristol	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Aidan Graham		Zip 02809	
Street Address 11 John Street		City Bristol	State RI
		Zip 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 Aidan Graham		Manager Name	
Street Address 11 John Street		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Peter Brent Regan		Address Sayer Regan & Thayer, LLP	
Address 130 Bellevue Avenue		City Newport	Zip 02840

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



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8:31
FILED
AUG 14 2009
By: 596680
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.

Aidan Graham 8/12/09

Signature of Authorized Person

Date

Aidan Graham

Print or Type Name of Authorized Person