RI SOS Filing Number: 200951598470 Date: 09/21/2009 4:00 PM

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.**

*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 | 2. Exact name of the limited liability company |
|---|---|
| 122696 | 200 RICHMOND ST. LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Own and sell real estate |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| One Ship Street | Providence | RI | 02903 |

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

| Contact Name | Contact Title |
|---|---|
| Marc A. Greenfield | |

| Street Address | City | State | Zip |
|---|---|---|---|
| One Ship Street | Providence | RI | 02903 |

**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 | Manager Name |
|---|---|
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |
| Manager Name | Manager Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**8. RESIDENT AGENT IN RHODE ISLAND**

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

122696

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

9-17-09
*Signature of Authorized Person* *Date*

Marc A. Greenfield

*File Date* FILED
*Check No.* SEP 21 2009
*By:* By 10996
38384-22-305083