



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

A. Ralph Molits, 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. 420201		2. Exact name of the limited liability company Brady Sullivan Pawtucket Tenant, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in real estate development			
5. Principal office address 670 N. Commercial Street, Suite 303		City Manchester	State NH	Zip 03101	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Shane D. Brady			Contact Title Manager		
Street Address 670 N. Commercial Street, Suite 303		City Manchester	State NH	Zip 03101	
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 Brady Sullivan Pawtucket Manager, LLC			Manager Name		
Street Address 670 N. Commercial Street, Suite 303			Street Address		
City Manchester	State NH	Zip 03101	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					

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

420201

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.

By: Brady Sullivan Pawtucket Manager, LLC,
its Manager

Signature of Authorized Person

Date

Shane D. Brady, Manager

Print or Type Name of Authorized Person

File Date	OCT 23 2009
Check No.	102104
By:	
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