

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

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

1. ID No. 159 262	l l	act name of the limited liability company ional Commercial Properties, Plaza One Fifteen, LLC				
3. State of Formation Rhode Island	4. Brief descripti Real estate	on of the character of the b	usiness which is actually conducted in	which is actually conducted in Rhode Island		
5. Principal office address 3 Pamden Lane			City Seekonk	State MA	<i>хір</i> 02771	
6. MAILING ADD Contact Name Edward S. Kaza		ILITY COMPANY AN	D NAME OR TITLE OF CONTA	ACT PERSON:	·	
Street Address 3 Pamden Lane			^{City} Seekonk	State MA	Ζώρ 02771	
7. NAME AND AI			ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO)		<u>LIST MEMBERS</u>	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Сііу	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND	Office of the Secretary	of State. Changes require filing	of Form 442 DIGI 7.1	i 14. is	

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

159262

File Date Check No By: 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.

Edward S. Kazarian

Print or Type Name of Authorized Person