



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** 2011

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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. <u>508475</u>		2. Exact name of the limited liability company <u>623 Charles Street, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real estate</u>			
5. Principal office address <u>14 Banker ave</u>		City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>Jodi Harriman</u>			Contact Title <u>MGML</u>		
Street Address <u>14 Banker Avenue</u>		City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name			Address		
Address			City	Zip	

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

**FILED**

**SEP 21 2011**

By: JPH  
152530

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.

Jodi Harriman 9-21-11  
Signature of Authorized Person Date

Jodi J. Harriso  
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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