RI SOS Filing Number: 201183989920 Date: 10/11/2011 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

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
295064	PARRISH RICHMOND LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	ACQUISITION, DEVELOPEMNT, LEASING AND MANAGEMENT OF REAL ESTATE

5. Principal office address	City	State	Zip
54 JACONNET ST	NEWTON	MA	02461

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

Contact Name	Contact Title
ROBERT P RIVET	CPA

Street Address	City	State	Zip
54 JACONNET ST	NEWTON	MA	02461

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	Street Address	City	State	Zip
AMADAN MANAGEMENT LLC	54 JACONNET STREET	NEWTON	MA	02461

Manager Name	Street Address	City	State	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	Address	City	Zip
CORPORATION SERVICE COMPANY	SUITE 200	WARWICK	02888
Address	222 JEFFERSON BLVD		

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

FILED
OCT 11 2011

[redacted] 295064 [redacted]

29153964

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
68415-4-669131

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.

Signature of Authorized Person *Date* 9/19/2011

[redacted]

ROBERT S KORFF

Print or Type Name of Authorized Person

Form 632 Rev. 07/07