



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |                              |                     |  |
|---|-------|---|------------------------------|---------------------|--|
| 1. Entity ID No.<br><u>000324188</u>  |       | 2. Exact name of the limited liability company<br><u>70 LYNDHURST, LLC</u>                        |                              |                     |  |
| 3. State of Formation<br><u>RI</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE</u> |                              |                     |  |
| 5. Principal office address<br><u>70 LYNDHURST AVE.</u>   |       | City<br><u>PROV</u>   | State<br><u>RI</u>           | Zip<br><u>02908</u> |  |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |                              |                     |  |
| Contact Name<br><u>JAY GREEN</u>  |       |   | Contact Title<br><u>MGR.</u> |                     |  |
| Street Address<br><u>82 LANGLEY RD</u>  |       | City<br><u>BRIGHTON</u>   | State<br><u>MA</u>           | Zip<br><u>02135</u> |  |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |                              |                     |  |
| Manager Name<br><u>J. ...</u>   |       | Manager Name  |                              |                     |  |
| Street Address  |       | Street Address  |                              |                     |  |
| City<br><u>B...</u>   | Zip   | City  | State                        | Zip                 |  |
| Manager Name<br><u>M...</u>   |       | Manager Name  |                              |                     |  |
| Street Address  |       | Street Address  |                              |                     |  |
| City<br><u>W...</u>   | State | City  | State                        | Zip                 |  |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |   |                              |                     |  |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |                              |                     |  |

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 CORPORATION DIVISION

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**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.

Signature of Authorized Person: Jayson Green Date: 3/5/12  
 Print or Type Name of Authorized Person