



**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** 2012

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. <b>661126</b>		2. Exact name of the limited liability company <b>Linear Retail East Greenwich #1 LLC</b>			
3. State of Formation <b>MA</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate investment</b>			
5. Principal office address <b>5 Burlington Woods drive, suite 107</b>		City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	
Contact Name <b>William J. Beckeman</b>		Contact Title <b>President</b>			
Street Address <b>5 Burlington Woods drive suite 107</b>		City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Linear Retail Properties LLC</b>		Manager Name			
Street Address <b>5 Burlington Woods drive Ste 107</b>		Street Address			
City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

**FILED**

SEP 17 2012

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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.

*William J. Beckeman*

Sept 12, 2012

Signature of Authorized Person

Date

William J. Beckeman

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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