



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 **2013**

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><b>90735</b>   |       | 2. Exact name of the limited liability company<br><b>One Ship Street LLC</b>                                   |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own and sell real estate</b> |                    |                     |     |
| 5. Principal office address<br><b>One Ship Street</b>  |       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                    |                     |     |
| Contact Name<br><b>Marc A. Greenfield</b>  |       | Contact Title  |                    |                     |     |
| Street Address<br><b>One Ship Street</b>   |       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("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 |
| 8. RESIDENT AGENT IN RHODE ISLAND  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |                    |                     |     |

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No _____                  |
| By: _____                       |
| FOR SECRETARY OF STATE USE ONLY |

**FILED**

AUG 21 2013

BY 14797

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.

8-20-13

Signature of Authorized Person

Date

**Marc A. Greenfield**

Print or Type Name of Authorized Person