



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. <b>488206</b>		2. Exact name of the limited liability company <b>BURRS LANE ASSOCIATES, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>ownership, leasing, management, and development of real property</b>			
5. Principal office address <b>5 Benefit Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-0000</b>	
Contact Name <b>Carl B. Lisa</b>		Contact Title <b>Member</b>			
Street Address <b>5 Benefit Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-0000</b>	
Manager Name <b>Carl B. Lisa</b>		Manager Name			
Street Address <b>5 Benefit Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED**

**AUG 29 2013**

By *mne*

*CR # 1720*

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

**Carl B. Lisa**

**09/01/2013**

Date

Print or Type Name of Authorized Person

**Member**