



**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.

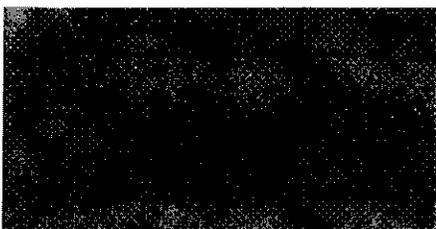
1. Entity ID No. <b>488206</b>		2. Exact name of the limited liability company <b>BURRS LANE ASSOCIATES, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>ownership, leasing, management, and development of real property</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.

*Carl B. Lisa* 09/01/2013  
 Signature of Authorized Person Date  
**Carl B. Lisa**

By \_\_\_\_\_  
 Print or Type Name of Authorized Person  
**Member**