



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 2011

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>143481</b>		2. Exact name of the limited liability company <b>533 Broadway, LLC</b>	
3. State of Formation <b>Massachusetts</b>		4. Brief description of the character of business conducted in Rhode Island <b>The general character of this business is to engage in the investment, ownership and development of real estate and interests therein.</b>	
5. Principal office address <b>315 Main Street</b>		City <b>North Reading</b>	State <b>MA</b>
		Zip <b>01864</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>John F. Gallant, Gallant &amp; Ervin, LLC</b>		Contact Title <b>Agent for Service of Process</b>	
Street Address <b>One Olde North Road, Suite 103</b>		City <b>Chelmsford</b>	State <b>MA</b>
		Zip <b>01824</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"/>			
Manager Name <b>Kenneth Black</b>		Manager Name	
Street Address <b>315 Main Street</b>		Street Address	
City <b>North Reading</b>	State <b>MA</b>	Zip <b>01864</b>	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.			

2013 AUG 29 AM 10:14  
SECRETARY OF STATE  
CORPORATIONS DIV

**FILED**

**AUG 29 2013**

By **49-204789**  
**A.A. 10:17 AM**

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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

Date

Print or Type Name of Authorized Person