



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 2010

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

FILED

AUG 29 2013

File Date

Check No

By 49-204789

By:

A. A. 10:18 A.M.

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

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