



**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** 2007

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>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
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>	
<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"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
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. 10:24 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.

*Kenneth Black*  
 Signature of Authorized Person  
 Kenneth Black  
 Print or Type Name of Authorized Person

8/28/13  
 Date