



**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.

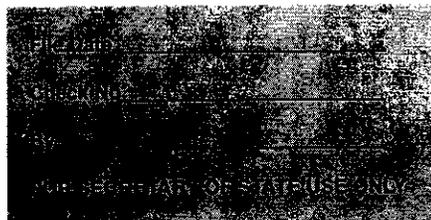
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>117449</b>		2. Exact name of the limited liability company <b>53 NARRAGANSETT BOULEVARD LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>330 NEHOIDEN STREET</b>		City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	
Contact Name <b>WILLIAM A. ZOPPO</b>		Contact Title <b>MEMBER-MANAGER</b>			
Street Address <b>330 NEHOIDEN STREET</b>		City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	
<small>IF AN ADDITIONAL MANAGER (NAME AND ADDRESS) OF THE LIMITED LIABILITY COMPANY IS APPLICABLE, DO NOT USE MEMBER INFORMATION FOR ASSIGNMENT. <input type="checkbox"/></small>					
Manager Name <b>WILLIAM A. ZOPPO</b>		Manager Name			
Street Address <b>330 NEHOIDEN STREET</b>		Street Address			
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<small>RESIDENT OF GREENHURST, RHODE ISLAND</small>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.</b>					

**FILED**

SEP 09 2013

By *MNE*  
*CA # 1372*



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.

X *William A Zoppo* X *Sept 6, 2013*  
 Signature of Authorized Person Date

**WILLIAM A. ZOPPO**

Print or Type Name of Authorized Person