

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.	D-1-4-17	2. Exact name of the limited liability company Bristol-Thames, LLC					
000125259	3 Silator	manies, LEC					
3. State of Formation		Brief description of the character of business conducted in Rhode Island					
Rhode Island	Engage	Engage in the business of real estate investment					
5. Principal office address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903		
	OF LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name Evan J. Granoff			Contact Title Manager				
Street Address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903		
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD CHMENT) [PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER		
Manager Name Evan J. Granoff			Manager Name Lloyd W. Granoff				
Street Address 321 South Main Street, Suite 580			Street Address 321 South Main Street, Suite 580				
			321 South Main St	reet, Suite 580	****		
	State Ri	Zip 02903	City Providence	State RI	Zip 02903		
Providence			City	State	Zip 02903		
Providence Manager Name			City Providence	State	Zip 02903		
Providence Manager Name Street Address			City Providence Manager Name	State	Zip 02903 Zip		
City Providence Manager Name Street Address City B. RESIDENT AGENT IN	State	02903	City Providence Manager Name Street Address	State RI			

FILED

OCT 2 4 2013

File Date	6304	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemen		
Check No	· · · · · · · · · · · · · · · · · · ·	and that ell statements contained herein are	e true and correct. 10/17/2013	
Ву:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Evan J. Granoff, Manager		
TON SECRETARY OF STATE USE ORE!		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012