



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. 136965 | | 2. Exact name of the limited liability company Charlestown Office Park, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Own & Manage 3949 Old Post Road(an office building) | | | |
| 5. Principal office address 3949 Old Post Road | | City Charlestown | | State RI | Zip 02813 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name William D. Dowdell | | Contact Title President | | | |
| Street Address 3949 Old Post Road | | City Charlestown | | State RI | Zip 02813 |
| 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 <i>William D. Dowdell</i> | | Manager Name | | | |
| Street Address <i>3949 Old Post Road</i> | | Street Address | | | |
| City <i>Charlestown</i> | State <i>RI</i> | Zip <i>02813</i> | 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. | | | | | |

FILED

NOV 06 2013

BY 2167

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.

William D. Dowdell 09/20/2013
 Signature of Authorized Person Date

William D. Dowdell
 Print or Type Name of Authorized Person