

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

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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.	2. Exact na	2. Exact name of the limited liability company				
000508275	EAF Nev	EAF Newport Developer LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	To build, own, rent					
5. Principal office address 5 Benefit St.			City Providence	State RI	Zip 02904	
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON: 10 1 2 2 2 2 2	MAN SO STATES	
Contact Name EAF Development			Contact Title			
Street Address 536 Granite St.			City Braintree	State NA	Zip 02184	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN	NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	, <u>.</u> l.		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH						
This information is current	ly of record in th	e Office of the Sec	retary of State. Changes require f	iling Form 642.		

FILED	
File Date MAR 0 3 20	
ву:ВҮ	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	James J. Sullivan Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012