



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 **2009**

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.

2014 MAR 12 PM 2:48  
 CORPORATIONS DIV

1. Entity ID No. <b>000148996</b>		2. Exact name of the limited liability company Unit B-3 LLC			
3. State of Formation Massachusetts		4. Brief description of the character of business conducted in Rhode Island Realty Holdings			
5. Principal office address 155 Seaport Boulevard		City Boston	State MA	Zip 02210	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jacob N. Polatin		Contact Title Manager			
Street Address 155 Seaport Boulevard		City Boston	State MA	Zip 02210	
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 Jacob N. Polatin		Manager Name			
Street Address 155 Seaport Boulevard		Street Address			
City Boston	State MA	Zip 02210	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** 2:51 pm  
 MAR 12 2014  
 By 219801  
 CM

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.

Jacob N. Polatin 3/12/2014  
 Signature of Authorized Person Date

JACOB N. POLATIN  
 Print or Type Name of Authorized Person