



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 **2008**

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 2 PM 2:48
 CORPORATIONS DIV
 STATE

1. Entity ID No. 000148996		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

MAR 12 2014

2:50 pm

By 219801
KM

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
Signature of Authorized Person

3/12/2014
Date

JACOB N. POLATIN
Print or Type Name of Authorized Person