RI SOS Filing Number: 201445415570 Date: 09/05/2014 3:20 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000846925

2. Exact Name of the Limited Liability Company ARISTA NORTH SMITHFIELD LLC

3. State of Formation

State: MA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OF THE LIMITED LIABILITY COMPANY IS TO ACQUIRE, OWN, IMPROVE, OPERATE, MANAGE, LEASE, MORTGAGE, REFINANCE, SELL AND EXCHANGE REAL PROPERTY; TO ACT AS A MANAGER OR MEMBER OF ANY LIMITED LIABILITY COMPANY CONDUCTING THE FOREGOING BUSINESS; AND TO CARRY ON ANY AND ALL OTHER LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF MASSAHCUSETTS IS PERMITTED.

5. Principal Office Address

No. and Street: 450 STATION AVENUE
City or Town: SOUTH YARMOUTH State: MA Zip: 02664 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: GREGORY BOTSIVALES Contact Title: TREASURER
No. and Street: C/O BOTSTINI CORP
450 STATION AVENUE
City or Town: SOUTH YARMOUTH State: MA Zip: 02664 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BOTSINI CORPORATION	C/O GREGORY BOTSIVALES, 450 STATION AVENUE SOUTH YARMOUTH, MA 02664 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of September, 2014 at 3:22:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GREGORY BOTSIVALES
Signature of Authorized Person

Form No. 632
Revised 09/07