



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

1. ID No. 000856173		2. Exact name of the limited liability company 200 Exchange Street Unit 813, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company			
5. Principal office address 56 Lancashire Drive		City Mansfield	State MA	Zip 02048	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OR POSITION THEREOF					
Contact Name Horacio B. Hojman			Contact Title Manager		
Street Address 56 Lancashire Drive		City Mansfield	State MA	Zip 02048	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND TITLE OR POSITION THEREOF					
Manager Name Natalia Golova Hojman			Manager Name Horacio B. Hojman		
Street Address 56 Lancashire Drive		Street Address 56 Lancashire Drive			
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
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 of Form 642 - R.I.G.L. 7-16-11					

FILED

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

SEP 11 2014

BY 1019

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.

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

Horacio Hojman, manager 8/25/14
Signature of Authorized Person Date

Horacio B. Hojman, Manager

Print or Type Name of Authorized Person