



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 **2014**

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. <b>164081</b>		2. Exact name of the limited liability company <b>Holden 86, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Manage, maintain, acquire and develop real estate</b>	
5. Principal office address <b>94 Calverley Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name <b>Neal Kaplan</b>		Contact Title <b>Member</b>	
Street Address <b>94 Calverley Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
<b>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"/></b>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

SEP 17 2014

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File Date	
Check No	
By	
<b>FOR SECRETARY OF STATE USE ONLY</b>	

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.

*Neal Kaplan*  
Signature of Authorized Person

*9-10-14*  
Date

**Neal Kaplan**

Print or Type Name of Authorized Person