

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.

3. State of Formation Rhode Island Own and n 5. Principal office address One Ship Street MAIL NG ADDRESS OF LIMITED FIABILITY Contact Name Marc A. Greenfield Street Address	NOND ST. LLC	cter of business conducted in Rhod	e Island		
Rhode Island 5. Principal office address One Ship Street 6. MAIL TREADDRESS OF SIMITED PARILITY Contact Name Marc A. Greenfield Street Address			e Island		
5. Principal office address One Ship Street 5. MAILING ADDRESS OF SIMITED PARILITY Contact Name Marc A. Greenfield Street Address	nanage real e	state			
One Ship Street SMAILING ADDRESS OF SIMITED PARILITY Contact Name Marc A. Greenfield Street Address					
Contact Name Marc A. Greenfield Street Address			State RI	Zip 02903	
Marc A. Greenfield Street Address	COMPANY AND		ERSON:		
		Contact Title			
Street Address One Ship Street		City Providence	State RI	Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRI ("X" BOX FOR ATTACHMENT)	ESSES) OF THE	LIMITED LIABILITY COMPANY, I	- APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address			
City	Zip	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 C					

FILED

SEP 1 8 2014

BY

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.

Signature of Authorized Person

-3-14 Date

Marc A. Greenfield

Print or Type Name of Authorized Person

File Date
Check No: ______
By
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012