

## 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.   | 2. Exact nar             | 2. Exact name of the limited liability company                              |                                   |   |  |  |  |  |  |  |  |
|--|--------------------------|---|-----------------------------------|---|--|--|--|--|--|--|--|
| 90735  | One Shi                  | One Ship Street LLC   |                                   |   |  |  |  |  |  |  |  |
| 3. State of Formation  | 4. Brief desc            | 4. Brief description of the character of business conducted in Rhode Island |                                   |   |  |  |  |  |  |  |  |
| Rhode Island   | Own and sell real estate |   |                                   |   |  |  |  |  |  |  |  |
| 5. Principal office address One Ship Street  |                          |   | City<br><b>Providence</b>         | State<br><b>RI</b>                              | Zip<br><b>02903</b>  |  |  |  |  |  |  |
| The state of the s | LMITED LIABILIT          | Y COMPANY AND   | NAME OF TITLE OF CONTACT P        | ERSON   | JURALA CIRCL   |  |  |  |  |  |  |
| Contact Name  Marc A. Greenfield   |                          |   | Contact Title                     | Contact Title                                   |  |  |  |  |  |  |  |
| treet Address<br>One Ship Street   |                          |   | City<br><b>Providence</b>         | State<br><b>RI</b>                              | Zip<br><b>02903</b>  |  |  |  |  |  |  |
| 7, LIST <u>all</u> Managers<br>"("X" box for attach  |                          | RESSES) OF THE  | LIMITED LIABILITY COMPANY, IF     | APPLICABLE - <u>DO</u>                          | 表示"PROPERTY TO A TO THE TOTAL TO |  |  |  |  |  |  |
| Manager Name   |                          |   | Manager Name                      | Manager Name                                    |  |  |  |  |  |  |  |
| Street Address   |                          |   | Street Address                    | Street Address                                  |  |  |  |  |  |  |  |
| City   | State                    | Zip   | City                              | State   | Zip  |  |  |  |  |  |  |
| Manager Name   |                          |   | Manager Name                      | Manager Name                                    |  |  |  |  |  |  |  |
| Street Address   |                          |   | Street Address                    |   |  |  |  |  |  |  |  |
| City   | State                    | Zip   | City                              | State   | Zip  |  |  |  |  |  |  |
| 8. RESIDENT AGENT IN F   |                          |   |                                   | G2 80 60 50 100 100 100 100 100 100 100 100 100 | <u> </u>   |  |  |  |  |  |  |
| This information is curre  | ntly of record in th     | e Office of the Secr  | etary of State. Changes require t | iling Form 642.                                 |  |  |  |  |  |  |  |

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Form No. 632 Revised: 01/2012 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.

9-3-14

Signature of Authorized Person

Date

Marg A. Greenfield

Print or Type Name of Authorized Person