

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

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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. 000794583	2. Exact name of the limited liability company PCHC Beaman and Smith Mill Master Tenant, LLC					
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real estate services.					
5. Principal office address 375 Allens Avenue			City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LI	MITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		\$4Q
Contact Name Merrill Thomas			Contact Title			
Street Address 375 Allens Avenue			City Providence	State RI	Zip 02905	
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME	MES AND ADDR	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name B&S Mill, Inc.			Manager Name			
Street Address 375 Allens Avenue			Street Address			
City Providence	State RI	Zip 02905	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip Z	GORE
8. RESIDENT AGENT IN RHO	DE ISLAND				=======================================	7
This information is currently	of record in the	Office of the Secret	ary of State, Changes require f	iling Form 642.	<u> </u>	
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File Date	······································			any accompanying s	irm that I have examined schedules and statemen are true and correct.	
Check No			dan	of your	81251	14
By:FOR SECRETARY OF STATE	E USE ONLY		Signature of Adhorzed Gregory / Young	/	Date /	 /
			Print or Type Name of A	Authorized Person		

Form No. 632 Revised: 01/2012