

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 name of the limited liability company				
000116721	130 Wes	tminster Street A	Associates, LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Engage	Engage in the business of owning and operating a mixed use building				
5. Principal office address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF	F LIMITED LIABILE	TY COMPANY AND NA	AME OR TITLE OF CONTACT P	PERSON:		
Contact Name Evan J. Granoff			Contact Title Manager			
Street Address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Evan J. Granoff			Manager Name			
Street Address 321 South Main Street, Suite 580			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND					
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require f	fillng Form 642.		
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FILED

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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 hereif are true and correct.

10/16/2014

Signature of Authorized Person

Date

Evan J. Granoff, Manager

Print or Type Name of Authorized Person

File Date _____
Check No ____

By: ____
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012