

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

Marie E. Byrnes Street Address 244 Metacom Avenue City Bristol 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name	1. Entity ID No. 128874		2. Exact name of the limited liability company Church Street Partners, LLC				
S. Principal office address 244 Metacom Avenue S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Marie E. Byrnes Street Address 244 Metacom Avenue City Bristol State RI O2809 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip O2809 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip State Zip Street Address	3. State of Formation						
244 Metacom Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Marie E. Byrnes Street Address 244 Metacom Avenue City Bristol City Bristol City Bristol State RI City Bristol State RI City Bristol Contact Title Member City Bristol City Bristol City Bristol Contact Title Member City Bristol City	Rhode Island	ACQUIS	ACQUISITION AND LEASING OF REAL PROPERTY				
Contact Title Marie E. Byrnes Street Address 244 Metacom Avenue City Bristol State RI DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State City Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Street Address Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name						Zip 02809	
Marie E. Byrnes Street Address 244 Metacom Avenue City Bristol 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Resident Address		LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		
244 Metacom Avenue Bristol RI 02809 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Contact Name			Contact Title			
Manager Name Manager Name Manager Name					·	Zip 02809	
Street Address City State Zip City Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address	7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip	Street Address			Street Address			
Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip	
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
B. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
This information is a small of the Court of	8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	itly of record in the	e Office of the Seci	etary of State. Changes regu	ire filing Form 642.		

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 herein are true and correct.
CNO	m. I

Signature of Authorized Person Date

Marie E. Byrnes

Print or Type Name of Authorized Person

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012