

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. 538065 | | 2. Exact name of the limited liability company 370 SMITH STREET, LLC | | | | |
|------------------------------------|---|--|---------------------------------------|--|--|--|
| | | | | | | |
| 3. State of Formation | Brief des | cription of the characte | er of business conducted in Rhode Isl | and | | |
| RHODE ISLAND | REAL ES | STATE | | | | |
| 5. Principal office address | | | City | State | Zip | |
| 370 SMITH STREET | | | NO. KINGSTOWN | RI | 02852 | |
| MALLIKEALENHISSOF | Muziki. | | | | | |
| Contact Name DAVID MAKIN | | | Contact Title PRESIDENT | | | |
| Street Address 370 SMITH STREET | | | City NO. KINGSTOWN | State RI | Zip 02852 | |
| ALIST ALL MANAGERS (| VALUES (Å) (F. 1875 (ENT) The same | | MITED GLESS AND COMP | erczer z to Transkie | NOTES INCLUSES FOR SECOND | |
| Mananer Name | | | Manager Name | ************************************** | | |
| Street Address | | | Street Address | · · · · · · · · · · · · · · · · · · · | | |
| | | | , | | • | |
| City | 104-4- | 7in | City | State | Zip | |
| ήυ | ~ | _ 2004 | 1 | | r | |
| vianager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| Dity | State | Zip | City | State | Zip | |
| . RESIDENT AGENT IN HE | ODE ISLAND. 19 | | | | | |
| his information is current | v of record in the | e Office of the Secre | tary of State. Changes require filing | Form 642 | ************************************** | |

FILED

BY_

Under penalty of perjury, I declare and affirm that I have examined this report, including any action panying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

•

DAVID MAKIN

Print or Type Name of Authorized Person

File Date 1022 TNES 122 STATE DESCRIPTION OF STATE DESCRIPTION

Form No. 632 Revised: 01/2012