

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.

1. Entity ID No.		2. Exact name of the limited liability company Providence Mills, LLC					
139988	FIOVIDE	ive mine, LLV					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island Own and manage real estate					
Rhode Island	Own and						
5. Principal office address 369 Broadway			City Providence	State RI	Zip 02909		
e (Medicalogies)	De Almire De l'Asile	COMPANY AND	NAME OR THE EOF CONTACT P	ERSON AND THE			
Contact Name Court Purrington			Contact Title				
Street Address P.O. Box 83			City Wayland	State MA	Zip 01778		
हें. व्याप्त के शिक्षा का का किया है. इस (कि क्षेत्रका के वार्व के किया के किया के किया के किया के किया के किया	EXINANIES ANDVADI PIMENTALE) (Lesses) () _{តែពី} L e	HIMITED BABILTY COMPANYA	APPLICABLE - DO	NO LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip O A		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address 2 VA			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	THOUSELAND			Company (1977)	TO THE STATE OF TH		
This information is curr	ently of record in th	e Office of the Sec	retary of State. Changes require	fillng Form 642.			

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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.

Signature of Authorized Person

Date

Court Purrington, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012