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) 2[illegible] ~ **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: 136730	2. Exact name of the limited liability company: 171-173 Bradford St. LLC		
3. State of Formation: R.I.	4. Brief description of the character of business conducted in Rhode Island: rental		
5. Principal office address: 173 Bradford St	City: Bristol	State: RI	Zip: 02809
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Joanne Mello	Contact Title: Agent		
Street Address: 173 Bradford St	City: Bristol	State: RI	Zip: 02809
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name: N/A	Manager Name: N/A		
Street Address:	Street Address:		
City: / State: / Zip:	City: / State: / Zip:		
Manager Name: N/A	Manager Name: N/A		
Street Address:	Street Address:		
City: / State: / Zip:	City: / State: / Zip:		
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED
NOV 13 2014
BY 440

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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: 11/1/14

Joanne M Mello
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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