

1. Entity ID No.

3. State of Formation

486892

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 __2013

Development LLC

ロスリフ

member/manager

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

2. Exact name of the limited liability company

5. Principal office address
13 ack Bay Annex, Pobox 170842 City Buston
6. MAILING ADDRESS OF LIMITED CIABILITY COMPANYAND NAME OF JULE OF CONTACT PERSON.

Residential

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

Back Bay Anne	4, 3.0 B	box 170842	city Boston	State	Zip 0 2 1 1 7
7. LIST <u>ÄLL MANAGERS (NAMES</u> ("X" BOX FOR ATTACHMENT)	AND ADDRÉ	SSES) OF THE LUMITE	D LIABILITY COMPANY, IF APP	LICABLE #DO!NO	TELESTEMENBERS
ManagerName Steven Silverman			Manager Name		
Street Address 2 Wilkins Dr.			Street Address		
Plainville	tate MA	Zip	City	State	Zip
Manager Name			Manager Name	······	
Street Address			Street Address		
Dity	tate	Zip	City	State	Zip
. RESIDENT AGENT IN RHODE IS his information is currently of rec			State. Changes require filing F	Form 642,	and the contract of the second
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	ву	7248594	<u></u>		AM II
File Date		1/:17	Under penalty of perjury, I d this report, including any ac and that all statements cont	companying sche	dules and statements
Check No			Signature of Authorized Perso	ın d	Date
FOR SECRETARY OF STATE USE	ONLY		Print or Type Name of Authoriz	Silveco	

Form No. 632 Revised: 01/2012