

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 2015

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				
308616	333 Retail A Holdings, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island		Invest in real property through construction, renovation, rehabilitation, operation & leasing of real property, conduct all activities related, necessary or incidental thereto.				
5. Principal office address 5 Cathedral Square			City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Robert R. Gaudreau, Jr.			Contact Title	Contact Title		
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHI		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND		<u> </u>			
This information is current	ly of record in th	e Office of the Secr	etary of State. Changes require t	iling Form 642.		

FILED

SEP 30 2015

By 257417

LM

File Date	
Check No	
Ву:	
FOR SECI	RETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm this report, including any accompanying sch and that <u>all stat</u> ement <u>s cont</u> al ned fier ein are	nedules and statements,
12102	9/29/19
Signature of Authorized Person	Date
Robert R. Gaudreau, Jr. , Preside	nt of

Print or Type Name of Authorized Person
COHNECTO Development Group Inc.