

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

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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. 73062	2 Exact na Baker St	2 Exact name of the limited liability company Baker Street Realty Associates, LLC				
3. State of Formation RHODE ISLAND	4. Brief des REAL ES	Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT				
5. Principal office address ONE BAKER STREET			City PROVIDENCE	State RI	Zip 02905	
6: MAILING ADDRESS Contact Name VICTOR PRIMAV		Y COMPANY AND	Contact Title Contact Title MEMBER	ERSON:		
Street Address ONE BAKER STREET			City PROVIDENCE	State RI	Zip 02905	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT		PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLE - DO	NOT LIST MEMBERS	
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			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND			1		
This information is cu	rrently of record in th	e Office of the Sec	retary of State. Changes require t	filing Form 642.		

File Date	Under penalty of perfucy, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein are true and correct.		
Bý:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	VICTOR PRIMAVERA, III		
ON SECRETARI OF STATE OSE UNEM	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012