



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. 128817		2. Exact name of the limited liability company 349 Eddy Street, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real estate			
5. Principal office address 17 Virginia Avenue, Suite 100		City Providence	State RI	Zip 02905	
Contact Name James R. Winoker		Contact Title Member			
Street Address 17 Virginia Avenue		City Providence	State RI	Zip 02905	
7. LIST ALL MANAGER NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT SIGN (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
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

OCT 01 2015

By 257547

A.A.

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.

James R. Winoker 09/29/2015
 Signature of Authorized Person Date

James R. Winoker
 Print or Type Name of Authorized Person