

## 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.	2. Exact nai	me of the limited liab	ility company				
144741	888 Edd	y, LLC					
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhod	e Island			
Rhode Island	Real Est	ate					
5. Principal office address 101 Plain Street, 1s	t Floor, Suite 1	00	City <b>Providence</b>	State R.I.	Zip <b>02903</b>	•	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:			
Contact Name Stefania M. Mardo			Contact Title				
Street Address 101 Plain Street, 1s	t Floor, Suite 1	00	City <b>Providence</b>	State R.I.	Zip <b>02903</b>		
7, LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	APPLICABLE - DO	NOT LIST MEM	BERS	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	•	1	Manager Name		350		
Street Address			Street Address				
City	State	Zip	City	State	Zip O1	100	
B. RESIDENT AGENT IN F	HODE ISLAND		The free was a party			· あ.,	
This information is currer	ntly of record in the	e Office of the Seci	retary of State. Changes require t	iling Form 642.	က္	C)	
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By M 258550

File Date _		
Check No	1928	
Ву:	<u> </u>	

Form No. 632 Revised: 01/2012 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

Stefania M. Mardo

Print or Type Name of Authorized Person