

## 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 name of the limited liability company				
487439	156 Westminster Tenant, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To own, operate, manage and develop real property				
5. Principal office address 160 Westminster Street, Suite 400			City Providence	State RI	Zip 02903
G MAILING ADDRESS OF LIMITED LABILITY COMPANY AND NAME OF THE CONTACT PERSON					
Contact Name Antonio Afonso, Jr.			Contact Title Member		
Street Address 160 Westminster Street, Suite 400			City Providence	State RI	Zip <b>02903</b>
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Manager Name 156 Westminster Manager LLC			Manager Name		
160 Westminster St., Ste. 400			Street Address		
Providence	State RI	02903	City	State	Zip
			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8, RESIDENT AGENȚ IN RHODE	ISLAND L.				L Company of the Comp
This information is currently of	record in the Offic	e of the Secretary of	State. Changes require fi	ling Form 642.	
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FILE Date
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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

Date

Antonio Afonso, Jr., Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012