

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 na	2. Exact name of the limited liability company				
564055	70 Kenn	70 Kennedy Plaza Investors, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Massachusetts	Acquire, own, operate and manage real estate					
5. Principal office address c/o Avison Young, 200 State Street			City Boston	State MA	Zip 02109	
	LIMITED LIABILI	DY COMPANY AND N	Ephonyly of the property of the	rsóna a la Na		
Contact Name Richard Griffin			Contact Title Asset Manager			
Street Address 21 High Street			City North Andover	State MA	Zip 01845	
ક્ષ્યાં (૧૪૧ ના ૧૪૫ (લવાક)((૧૯૧/૧માં ૧૪૫) (લવાક)(NAMESYANDADI NENT) □ SSSAS		ŊĸĸĔĸĸĸŊŨĸĸĸĸĿĸŊŊĸŊĸĸĸĸ	रशयचाल गहीबहर् छि०	SZECKEMUKAPOW Z	
Manager Name RJ Eveready, LLC			Manager Name			
Street Address 52 R Roland Street			Street Address			
City Charlestown	State MA	Zip 02129	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
BARESIDENT/AGENTANDRE	20 11 22 21 21 21 21 21 21 21 21 21 21 21	The state of the s				
This information is current	ly of record in the	Office of the Secreta	ary of State. Changes require fili	ng Form 642.		

FILED

OCT 19 2015

Clec NO
Clec NO
EVENTAGE 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.

Signature of Authorized Person

Date

Richard M. Griffin

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012