

STATE OF RHODE ISLANL 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.

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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	he limited liability com	nany		
-		2. Exact name of the limited liability company 90 Commercial Street, LLC			
110324	Joo Commerci	ui oticot, LLo			
3. State of Formation	4. Brief description	4. Brief description of the character of business conducted in Rhode Island			
.	Ownership of	real estate loca	ed at 90 Commercial Street, Worcester, MA		
Rhode Island				-	•
5. Principal office address			City	State	Zip
100 MLK Jr. Blvd			Worcester	MA	01608
6. MAILING ADDRESS OF L	IMITED LIABILITY COI	UPANY AND NAME (OR TITLE OF CONTACT	PERSON:	
Contact Name Philip Shwachman			Contact Title		
Street Address			City	State	Zip
P.O. Box 646			Worcester	MA	01613-0646
7. LIST <u>all</u> Managers (N	AMES AND ADDRESS	ES) OF THE LIMITEI	LIABILITY COMPANY, I	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS
("X" BOX FOR ATTACHM	ENT)				
Manager Name 🔍 [Manager Name		
44					
Street Address			Street Address		
XULX					
City	Stato '	Zip	City.	State	Zip
	、 ▼ ,	<u> </u>	ai i U		
Manager Name			Manager Name		
Street Address			Street Address		
				1-	
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RH	ODE ISLAND				
This information is currently	y of record in the Offic	e of the Secretary of	State. Changes require	filing Form 642.	
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real contraction of the contract	
OCT 1 9 2015	
BY 2111	
File Date Check No.	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
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012