

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 355453	R.E. Johnston Family, LLC 4. Brief description of the character of business conducted in Rhode Island To own, acquire, operate, maintain, manage, lease, develop and sell real estate.					
3. State of Formation Rhode Island						
5. Principal office address c/o Capstone Properties, 5 Burlington Woods			City Burlington	State MA	Zip 01803	
Contact Name Paul Griesinger			Contact Title Manager			
Street Address 5 Burlington Woods			City Burlington	State MA	Zip 01803	
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Manager Name Paul Griesinge r			Manager Name			
Street Address 5 Burlington Woods			Street Address			
City Burlington	State MA	Zip 01803	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
met en						
i ilis information is curi	rentry of record in the	Utrice of the Secret	ary of State. Changes require	filing Form 642.		

FILED

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Form No. 632 Revised: 01/2012

Print

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

Paul Griesinger

Print or Type Name of Authorized Person