

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 Perlod: 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 nar	2. Exact name of the limited liability company				
787902	25 Thorr	25 Thornley Street Realty, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To enga	To engage in the ownership, management and maintenance of real estate.				
5. Principal office address 220 Woonasquatucket Avenue			City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT PERS	ON:		
Contact Name David C. Reiss			Contact Title Executive Director of Manager			
Street Address 310 Maple Avenue, Suite 102			City Barrington	State RI	Zip 02806	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name The Fogarty Center			Manager Name			
Street Address 220 Woonasquatucket Avenue			Street Address			
City North Providence	State RI	Zip 02911	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		'			r	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is currentl	y of record in th	e Office of the Secret	ary of State. Changes require filing	Form 642.		
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File Date Check No FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, 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

DAVID C. REISS

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012