State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| LOGOUT |

Limited Liability Company
Annual Report
Due On Or Before September 1 - November 1

ANNUAL REPORT YEAR: 2015

1. ID No. 000941821

2. Exact Name of the Limited Liability Company Waterford Towers, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE

FILED
OCT 26 2015
020188

5. Principal Office Address

No. and Street: 63 ATLANTIC AVENUE

City or Town: BOSTON State: MA Zip: 02110 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 63 ATLANTIC AVENUE

City or Town: BOSTON State: MA Zip: 02110 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Delete	Name	Address Address, City or Town, State, Zip Code, Country
( )	RICHARD K. BENDETSON	304 COMMONWEALTH AVENUE BOSTON, MA 02115 USA

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MURRAY GEREBOFF GEREBOFF AND GELADE 207 WATERMAN STREET PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Cheryl Foote
Business Name: Diversified Funding, Inc.
No. and Street: 63 Atlantic Avenue - Same Address as -

City or Town: Boston State: Ma Zip: 02110 Country:
Contact Phone: 617-227-0893 ext: 665
Contact Email: cfoote@dfi.cc

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 30 Day of September, 2015 at 1:57:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By
Signature of Authorized Person

FILED
OCT 26 2015

020188
BD 941821

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted ~~in compliance with R.~~I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

( ) Accept ( ) Decline

Click HERE to Submit This Information

Form No. 632
Revised 09/07