



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 AMENDED

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. 000959423	2. Exact name of the limited liability company EDEN MANAGER LLC		
3. State of Formation DELAWARE	4. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, CONSTRUCT, REHABILITATE, IMPROVE, MAINTAIN, FINANCE, MANAGE, OPERATE, LEASE, SELL, CONVEY, ASSIGN, MORTGAGE AND OTHERWISE DEAL WITH REAL ESTATE, AND INTEREST IN REAL ESTATE, DIRECTLY OR INDIRECTLY THROUGH JOINT VENTURES, LIMITED LIABILITY COMPANIES, PARTNERSHIPS OR OTHER ENTITIES, AND TO CARRY ON ANY OTHER LAWFUL BUSINESS.		
5. Principal office address 107 BRIGHTON AVENUE		City ALLSTON	State MA Zip 02134
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL SAMUELS		Contact Title	
Street Address 107 BRIGHTON AVENUE, SUITE 4		City ALLSTON	State MA Zip 02134
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 FEB 10 PM 4:28

FILED  
FEB 10 2016  
By A.A. 4:28 p.m.

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE 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 2/9/16

Print or Type Name of Authorized Person Mike Samuels



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

