



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	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.Y. 2:28 p.m.

File Date _____
 Check No _____
 By: _____

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.

Mike Samuels 2/9/16
 Signature of Authorized Person Date
 Print or Type Name of Authorized Person

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