



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 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. 703204		2. Exact name of the limited liability company 6 BLACKSTONE VALLEY PLACE, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP OF COMMERCIAL REAL ESTATE			
5. Principal office address 75 NEWMAN AVENUE, SUITE 100		City RUMFORD	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS HALL		Contact Title PRACTICE MANAGER			
Street Address 75 NEWMAN AVENUE, SUITE 100		City RUMFORD	State RI	Zip 02916	
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 DR. ABDUL BARACKAT		Manager Name FATEN BARAKAT			
Street Address 60 AMY LANE		Street Address 60 AMY LANE			
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
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.					

FILED
 APR 01 2016
 By 271529
 A.A. 12:57p.m.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR - 1 PM 12:55

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.

Signature of Authorized Person _____ Date 3/31/16
DR. ABDUL BARACKAT, MANAGER
 Print or Type Name of Authorized Person

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