



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 2014

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. <b>703204</b>		2. Exact name of the limited liability company <b>6 BLACKSTONE VALLEY PLACE, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP OF COMMERCIAL REAL ESTATE</b>			
5. Principal office address <b>75 NEWMAN AVENUE, SUITE 100</b>		City <b>RUMFORD</b>		State <b>RI</b>	Zip <b>02916</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>THOMAS HALL</b>		Contact Title <b>PRACTICE MANAGER</b>			
Street Address <b>75 NEWMAN AVENUE, SUITE 100</b>		City <b>RUMFORD</b>		State <b>RI</b>	Zip <b>02916</b>
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>DR. ABDUL BARACKAT</b>		Manager Name <b>FATEN BARAKAT</b>			
Street Address <b>60 AMY LANE</b>		Street Address <b>60 AMY LANE</b>			
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
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**

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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

**DR. ABDUL BARACKAT, MANAGER**

Print or Type Name of Authorized Person

Date

3/31/16