

**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

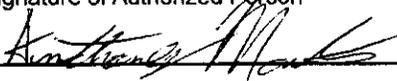
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RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 MAY 26 AM 11:29

**Limited Liability Company Annual Report for the year: 2015**

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY PER DAY

1. Entity ID Number <b>000718957</b>		2. Exact name of the Limited Liability Company <b>APPIAN WAY 54, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Own, buy, sell, lease, trade or otherwise deal in real estate and personal property and all things incidental thereto, which are legal and for which limited liability companies may do in the State of RI</b>			
5. Principal Office Address <b>79 WASHINGTON STREET</b>		City <b>PROVIDENCE</b>	State <b>MA</b>	Zip <b>02903</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>LOUIS DELPIDIO</b>			Contact Title		
Street Address <b>303 BERKELEY STREET</b>		City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02116</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>NICHOLAS J. FIORILLO</b>			Manager Name		
Street Address <b>49 OLD COLONY DRIVE</b>			Street Address		
City <b>SHEWSBURY</b>	State <b>MA</b>	Zip <b>01545</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>ANTHONY MANTO</b>				Date <b>5/26/2016</b>	
Signature of Authorized Person 					

**FILED**

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By C 10278002  
