

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

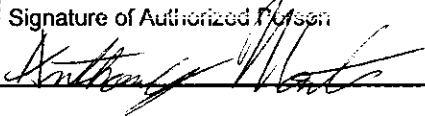
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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 MAY 26 AM 11:29

Limited Liability Company Annual Report for the year: 2014

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 FEE

1. Entity ID Number		2. Exact name of the Limited Liability Company			
000718957		APPIAN WAY 54, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		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			
5. Principal Office Address			City	State	Zip
79 WASHINGTON STREET			PROVIDENCE	MA	02903
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LOUIS DELPIDIO			Contact Title		
Street Address 303 BERKELEY STREET			City BOSTON	State MA	Zip 02116
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NICHOLAS J. FIORILLO			Manager Name		
Street Address 49 OLD COLONY DRIVE			Street Address		
City SHEWSBURY	State MA	Zip 01545	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.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying exhibits and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person ANTHONY MANTO				Date 5/26/2016	
Signature of Authorized Person 					

FILED

MAY 26 2016 11:30

By C 10278003
