



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

2016

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. 000524476	2. Exact name of the limited liability company 1 POCASSET AVE LLC		
3. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island PROPERTY OWNER FOR WALGREENS STORE IN RHODE ISLAND		
5. Principal office address 4001 N. Ocean Blvd; Apt 1208		City Boca Raton	State FL
		Zip 33431	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:			
Contact Name MORTON L GINSBERG		Contact Title PRESIDENT	
Street Address 4001 N. OCEAN BLVD; APT 1208		City BOCA RATON	State FL
		Zip 33431	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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.			

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

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.

Morton L. Ginsberg
Signature of Authorized Person

Date

Morton L. Ginsberg
Print or Type Name of Authorized Person

4/22/16

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By 278567

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