



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.

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|---|--|--------------------|---------------------|-------|-----|
| 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 OR TITLE OF CONTACT PERSON MORTON L GINSBERG | | | | | |
| 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 <input checked="" type="checkbox"/> (X) BOX FOR ATTACHMENT | | | | | |
| Manager Name | Manager Name | | | | |
| Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip |
| 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. | | | | | |

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REGISTRAR OF CORPORATIONS DIV

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| Check No. | By |
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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

4/22/16
Date

Signature of Authorized Person

Morton L. Ginsberg
Print or Type Name of Authorized Person