

**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 2015**

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 <b>1 POCASSET AVE LLC</b>				
3. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island <b>PROPERTY OWNER FOR WALGREENS STORE IN RHODE ISLAND</b>				
5. Principal office address <b>4001 N. Ocean Blvd; Apt 1208</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33431</b>		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name <b>MORTON L GINSBERG</b>					
Street Address <b>4001 N. OCEAN BLVD; APT 1208</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33431</b>		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. (DO NOT LIST MEMBERS) (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.					

RECEIVED  
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STATE  
CORPORATIONS DIVISION  
JULY 6 2016

File Date	Check No.
By	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.

**Morton L. Ginsberg**

Signature of Authorized Person

Date **4/22/16**

**Morton L. Ginsberg**  
Print or Type Name of Authorized Person

**FILED**