MORE

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2016

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Annual Report for the year: Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 120970 2. Exact name of the Limited Liability Company LINCOLN CORPORATE CENTER, LLC 3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island to deal with real estate 5. Principal Office Address 90 Douglas Pike City Smithfield RI 02917-0 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Paul T. Surabian Street Address 90 Douglas Pike City Smithfield State RI Zip 02917-0 Street Address 90 Douglas Pike 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS	
3. State of Formation Rhode Island Rhode Island City Smithfield Smithfield Contact Person Contact Name Paul T. Surabian State Paul T. Surabian State City Smithfield City Smithfield Contact Title Paul T. Surabian City Smithfield Contact Title Paul T. Surabian City Smithfield City Smithfield Contact Title Manager Street Address 90 Douglas Pike City Smithfield City City Smithfield City City Smithfield City City City City City City City City	
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Paul T. Surabian Manager Street Address 90 Douglas Pike Smithfield State RI Zip 02917-0)00
Street Address 90 Douglas Pike City Smithfield State RI Zip 02917-0)00
90 Douglas Pike Smithfield RI 02917-0)00
7 List ALL managem (somes and addresses) of the Limited Lightlift Company IF ADDLICABLE TO NOT LIST MEMBEDS	
7. List ALL managers (names and addresses) of the Limited Liability Company, if AFFLICABLE - DO NOT LIST MEMBERS	
Manager Name Paul T. Surabian Paul B. Surabian, Sr.	
Street Address 95 Tipping Rock Road Street Address 375 Angell Road	
City East Greenwich State RI 02818 City Lincoln State Zip 02865	
Manager Name Manager Name	
Street Address Street Address	
City State Zip City State Zip	
Check the box to indicate an attack	ment
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.	
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.	,
Name of Authorized Person Date	
Paul T. Surabian Manager 09/01/2016	
Signature of Authorized Person SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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