



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

STAMP

Annual Report for the year: 2016
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 488206		2. Exact name of the Limited Liability Company BURRS LANE ASSOCIATES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island ownership, leasing, management, and development of real property			
5. Principal Office Address 5 Benefit Street		City Providence	State RI	Zip 02904-0000	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Carl B. Lisa		Contact Title Manager			
Street Address 5 Benefit Street		City Providence	State RI	Zip 02904-0000	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Carl B. Lisa		Manager Name			
Street Address 5 Benefit Street		Street Address			
City Providence	State RI	Zip 02904	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 schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person Carl B. Lisa Manager				Date 09/01/2016	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

FILED

SEP 06 2016

By 2211

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov