

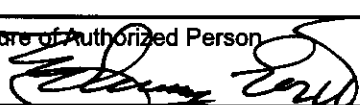


State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**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.

<b>1. Entity ID Number</b> 788534		<b>2. Exact name of the Limited Liability Company</b> 429 WOOD STREET, LLC									
<b>3. NAICS Code</b> 53 - Real Estate and Rental a <input type="checkbox"/>		<b>4. Brief description of the character of business conducted in Rhode Island</b> OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE									
<b>5. State of Formation</b> RI											
<b>6. Principal Office Address</b> 99 TUPELO STREET				<b>City</b> BRISTOL		<b>State</b> RI		<b>Zip</b> 02809			
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>											
<b>Contact Name</b> EDWARD J COX II				<b>Contact Title</b> CONTROLLER							
<b>Street Address</b> 99 TUPELO STREET				<b>City</b> BRISTOL		<b>State</b> RI		<b>Zip</b> 02809			
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>											
<b>Manager Name</b>				<b>Manager Name</b>							
<b>Street Address</b>				<b>Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Manager Name</b>				<b>Manager Name</b>							
<b>Street Address</b>				<b>Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
Check the box to indicate an attachment <input type="checkbox"/>											
<b>9. Resident Agent in Rhode Island.</b> This information is currently of record with the Department of State. Changes require filing Form 642.											
<b>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.</b>											
<b>Name of Authorized Person</b> EDWARD J COX II							<b>Date</b> 09/09/16				
<b>Signature of Authorized Person</b> 							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**  
SEP 14 2016  
BY 4323 DS