



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

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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.

|   |  |                                 |                              |
|---|--|---------------------------------|------------------------------|
| 1. Entity ID No.<br><u>236887</u>   | 2. Exact name of the limited liability company<br><u>MASSACHUSETTS AVENUE LLC</u>                        |                                 |                              |
| 3. State of Formation<br><u>Rhode Island</u>  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rental Real Estate</u> |                                 |                              |
| 5. Principal office address<br><u>64 OTHMAR STREET</u>  |  | City<br><u>Narragansett</u>     | State<br><u>Rhode Island</u> |
|   |  | Zip<br><u>02882</u>             |                              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |  |                                 |                              |
| Contact Name<br><u>Delia G. Donaldson</u>   |  | Contact Title<br><u>Manager</u> |                              |
| Street Address<br><u>64 OTHMAR STREET</u>   |  | City<br><u>Narragansett</u>     | State<br><u>R.I.</u>         |
|   |  | Zip<br><u>02882</u>             |                              |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |  |                                 |                              |
| Manager Name<br><u>DELIA G. DONALDSON</u>   |  | Manager Name                    |                              |
| Street Address<br><u>64 OTHMAR STREET</u>   |  | Street Address                  |                              |
| City<br><u>Narragansett</u>   | State<br><u>R.I.</u>   | City                            | Zip                          |
|   | <u>02882</u>   |                                 |                              |
| Manager Name  |  | Manager Name                    |                              |
| Street Address  |  | Street Address                  |                              |
| City  | State  | City                            | 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.   |  |                                 |                              |

FILED

SEP 19 2016

By 2995  
LJ

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.

Delia G. Donaldson 9/14/16  
Signature of Authorized Person Date

DELIA G. DONALDSON  
Print or Type Name of Authorized Person

File Date

Check No.

By:

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