



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

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Limited Liability Company Annual Report for the year: 2013

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company	
521683		139 Benefit Street LLC	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island	
RI		office space rental	
5. Principal Office Address		City	State
139 Benefit Street		Providence	RI
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title	
Lewis Gorman		President	
Street Address		City	State
139 Benefit Street		Providence	RI
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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	
Lewis Gorman		4/22/2014	
Signature of Authorized Person			

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