Department of State - Business Services Division	
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	2. Exact	name of the Limi	ited Liability Company				
552449		nton avenue lic	ou classify company				
3. NAICS Code	4. Brief d	escription of the	character of business conducted	d in Rhode Island			
53 - Real Estate and Rental and	Own and	d manage real es	state	10 Miloue Island			
5. State of Formation	1						
Rhode Island							
6. Principal Office Address	<u></u>		City	State	7:		
One Ship Street		Providence	RI	Zip 02903			
7. Mailing Address of Limited Lia	ability Comp	any and Name c	or Title of Contact Person				
Contact Name Marc A. Greenfield	d		Contact Title				
Street Address One Ship Street			City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names and	id addresse	s) of the Limited	Liability Company, IF APPLICAF	BLE - DO NOT LIST	MEMBERS		
Marc A. Greenfield	/d	_	Manager Name	Manager Name			
Street Address same as above		Street Address					
0.4	State	Zip	City	State	Zip		
Manager Name			Manager Name				
			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to ir	ndicate an attachment		
9. Resident Agent in Rhode Island	1. This inform	ation is currently of	f record with the Department of State	to Channes en			
Under penalty of perjury, I decla statements, and that all stateme	are ano amir	'irm that i hove ev	Naminod this resent in their	any accompanying	j schedules and		
Name of Authorized Person			are and consect	Date			
Marc A. Greenfield			9.	-19-16			
ignature of Authorized Person		CIONIC	and the state of t				
		SIGN D	OCUMENTHERE				

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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BY