



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

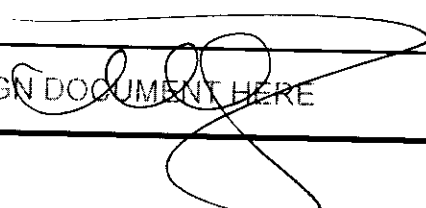
Annual Report for the year: 2016

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.

|   |       |  |      |                        |                     |
|---|-------|--|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>122696</b>  |       | 2. Exact name of the Limited Liability Company<br><b>200 RICHMOND ST. LLC</b>                                    |      |                        |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental and</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own and manage real estate</b> |      |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |      |                        |                     |
| 6. Principal Office Address<br><b>One Ship Street</b>   |       | City<br><b>Providence</b>  |      | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |      |                        |                     |
| Contact Name<br><b>Marc A. Greenfield</b>   |       | Contact Title  |      |                        |                     |
| Street Address<br><b>One Ship Street</b>  |       | City<br><b>Providence</b>  |      | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 8. 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 | Zip  | 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"/>  |       |  |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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<br><b>Marc A. Greenfield</b>  |       |  |      | Date<br><b>9-19-16</b> |                     |
| Signature of Authorized Person<br><br>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 21 2016

BY

**17585 DS**

FORM 632 - Revised: 08/2016