



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  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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. <b>000943944</b>		2. Exact name of the limited liability company <b>901 Waterman Avenue, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island The business of the LLC shall be to own, manage, develop, maintain, rehabilitate, renovate, finance, operate, lease, sell, convey, assign, mortgage or otherwise deal with such properties as the LLC may acquire from time to time and to carry any other lawful business, trade, purpose or activity.			
5. Principal office address <b>901 Waterman Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Christopher Pereira</b>		Contact Title <b>Manager</b>			
Street Address <b>54 Mason Street</b>		City <b>Worcester</b>		State <b>MA</b>	Zip <b>01610</b>
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <b>Christopher Pereira</b>		Manager Name			
Street Address <b>54 Mason Street</b>		Street Address			
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01610</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 23 2016

BY 015 A.A.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

**Christopher Pereira**

Print or Type Name of Authorized Person