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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
146802	Bowen Street LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	To own, operate, finance, acquire, sell and maintain real property.					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
317 Iron Horse Way, Suite 301			Providence	RI	02908	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Title	of Contact Person			
Contact Name William E. O'Gara			Contact Title			
Street Address 317 Iron Horse Way, Suite 301		City Providence	State RI	^{Zip} 02908		
8. List ALL managers (names ar	id addresses)	of the Limited Liabi	lity Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name None			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 i	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informat	tion is currently of reco	ord with the Department of Sta	ite. Changes require filir	g Form 642.	
Under penalty of perjury, I deci statements, and that all statem				g any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
William E. O'Gara				09/16/16		
Signature of Authorized Person		SIGN BOS	HERE THERE			

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 23 2016

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