

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

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71 Charty. Additional \$20.00			mber I.		_		
Entity ID Number	2. Exact name of the Limited Liability Company						
152334	LINEAR RETAIL SMITHFIELD #1 LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	REAL ESTATE INVESTMENT						
5. State of Formation							
MA							
6. Principal Office Address			City	State	Zip		
5 BURLINGTON WOODS DRIVE, SUITE 107		BURLINGTON	MA	01803			
7. Mailing Address of Limited Lia		and Name or Titl					
Contact Name WILLIAM J. BECKEMAN		Contact Title CEO					
Street Address 5 BURLINGTON WOODS DRIVE, SUITE 107		City BURLINGTON	State MA	^{Zip} 01803			
8. List ALL managers (names ar			ility Company, IF APPLICABI	LE - DO NOT LIST N	EMBERS		
Manager Name LINEAR RETAIL PROPERTIES, LLC			Manager Name				
Street Address 5 BURLINGTON WOODS DRIVE			Street Address				
City BURLINGTON	State MA	^{Zip} 01803	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			<u> </u>	Check the box to in	dicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with 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	Date			
WILLIAM J. BECKEMAN							
Signature of Authorized Person 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

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FORM 632 - Revised: 08/2016