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

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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 152334	2. Exact name of the Limited Liability Company **LINEAR RETAIL SMITHFIELD #1 LLC**
3. NAICS Code 53 - Real Estate and Rental and	4. Brief description of the character of business conducted in Rhode Island **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 Liability Company and Name or Title of Contact Person

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 and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

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

Check the box to indicate 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 **WILLIAM J. BECKEMAN**	Date
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
SEP 26 2016
By 284335

FORM 632 - Revised: 08/2016