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

1. Entity ID Number	2 Exact	name of the Lim	Stead Line True			
727459	31 GOOD	DING STREET,	nited Liability Company			
0.114100.0						
53 - Real Estate and Rental and	Ownersh	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate				
5. State of Formation		·	o de la composição			
Rhode Island						
6. Principal Office Address			City	State		
31 Dorr Road			Newton	MA	Zip 02458	
7. Mailing Address of Limited Lia	bility Compa	any and Name	or Title of Contact Person		02456	
Contact Name Brian Lannery			Contact Title			
Street Address 31 Dorr Road			City	City		
			City Newton	State MA	^{Zip} 02458	
8. List ALL managers (names an Manager Name	d addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
			Manager Name			
Street Address			Street Address			
City	State	Zip	0.1			
			City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State					
		Zip	City	State	Zip	
9. Resident Agent in Rhode Island	This is a			Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island Under penalty of perjury, I decla	re and affir	m that I have a	of record with the Department of St			
Under penalty of perjury, I decla statements, and that all stateme	nts contain	ed herein are	rxammed this report, includii true and correct.	ng any accompanying	schedules and	
varile of Authorized Person	1			Date		
Grian Lannery Brian Lannery				9/21/	16	
Signature of Authorized Person		~ /)OCHMENT HESE			
		SIGNE	OCUMENT 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

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