

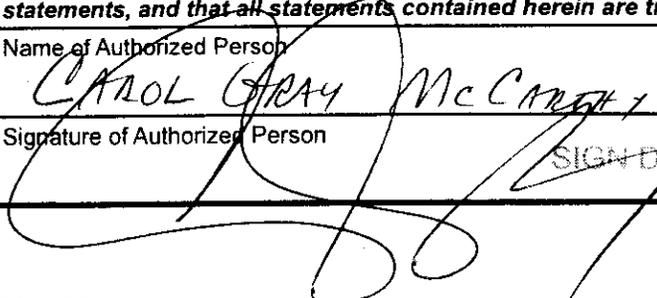


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2016 OCT -4 PM 2:05

Annual Report for the year: 2014
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 972389		2. Exact name of the Limited Liability Company CARLSBAD SF LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation RI		REAL ESTATE			
6. Principal Office Address 125 Carlshad Street			City Cranston	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CAROL GRAY MCCARTHY			Contact Title MANAGER		
Street Address 200 HIGHLAND AVE STE 303			City NEEDHAM	State MA	Zip 02454
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name		2016 OCT 11 PM 1:26	
Street Address		Street Address		R.I. DEPT. OF STATE BUS. SVCS. DIV.	
City	State	Zip	City	State	Zip
Manager Name		Manager Name		R.I. DEPT. OF STATE BUS. SVCS. DIV.	
Street Address		Street Address		R.I. DEPT. OF STATE BUS. SVCS. DIV.	
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 CAROL GRAY MCCARTHY				Date 9/22/16	
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
 OCT 11 2016

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