



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.

|  |       |   |                             |                        |                                  |
|--|-------|---|-----------------------------|------------------------|----------------------------------|
| 1. Entity ID Number<br><b>487711</b>   |       | 2. Exact name of the Limited Liability Company<br><b>ERDA, LLC</b>  |                             |                        |                                  |
| 3. NAICS Code<br>53 - Real Estate and Rental and Leasing <input checked="" type="checkbox"/>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To engage in any business permitted LLC's under the Act</b> |                             |                        |                                  |
| 5. State of Formation<br><b>RI</b>   |       |   |                             |                        |                                  |
| 6. Principal Office Address<br><b>PO BOX 8090</b>  |       | City<br><b>CRANSTON</b>   |                             | State<br><b>RI</b>     | Zip<br><b>02920</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                             |                        |                                  |
| Contact Name <b>ERIC D. FALK</b>   |       |   | Contact Title <b>MEMBER</b> |                        |                                  |
| Street Address <b>PO BOX 8090</b>  |       |   | City <b>CRANSTON</b>        |                        | State <b>RI</b> Zip <b>02920</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                             |                        |                                  |
| Manager Name <b>NONE</b>   |       |   | 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 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<br><b>Eric D. Falk</b> <i>Eric D. Falk</i>   |       |   |                             | Date<br><b>10/3/16</b> |                                  |
| Signature of Authorized Person<br><b>SIGN DOCUMENT HERE</b>  |       |   |                             |                        |                                  |

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 13 2016**

BY

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