State of Rhode Island and Providence Plantations Department of State - Business Services Div	visior
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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	2. Evact name of the Limited Liability Company						
842469	2. Exact name of the Limited Liability Company TWO RIVERSIDE DRIVE, LLC						
042403	TWO RIVERSIDE DRIVE, LLC						
3. State of Formation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Real estate management						
	The state in an agoing it.						
5. Principal Office Address			City	State	Zip		
36 Cedar Drive			Bristol	RI	02809		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney				
Street Address 50 Park Row West, Suite 111			City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Mark E. Poole			Manager Name				
Street Address 36 Cedar Drive			Street Address				
City Bristol	State RI	^{Zip} 02809	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	ndicate an attachment		
8. Resident Agent in Rhode Island. This information is currently of record in 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							
Mark E. Poole 10/5/2016							
Signature of Authorized Person SIGN BOCUMENT 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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By FORM 632 - Revised: 05/2016