



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000983071

2. Exact Name of the Limited Liability Company MVC 125 CHARLES LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC SHALL INITIALLY BE TO ACQUIRE, MANAGE, RENT, DISPOSE OF, DEVELOP AND OTHERWISE DEAL IN REAL PROPERTY AND RELATED PERSONAL PROPERTY, ANY BUSINESS RELATED THERETO OR USEFUL IN CONNECTION THEREWITH, AND ANY OTHER LAWFUL BUSINESS PURPOSE OR ACTIVITY PERMITTED BY LAW.

5. Principal Office Address

No. and Street: THE MOUNT VERNON COMPANY, INC.
29 COMMONWEALTH AVENUE, 6TH FLOOR

City or Town: BOSTON

State: MA Zip: 02116 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 29 COMMONWEALTH AVENUE, 6TH FLOOR

City or Town: BOSTON

State: MA Zip: 02116 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THE MOUNT VERNON COMPANY, INC.	29 COMMONWEALTH AVENUE, 6TH FLOOR BOSTON, MA 02116 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHRISTOPHER V. BILOTTI 13 CREST CIRCLE SMITHFIELD , RI 02917

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2016 at 11:38:41 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHRISTOPHER V BILOTTI
Signature of Authorized Person

Form No. 632
Revised 09/07