



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.

2016 OCT 18 PM 2:02  
R.I. DEPT. OF STATE  
BUSINESS SERVICES DIV.

|                                                                                                                                                                                                             |       |                                                                                                                   |                |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1340803</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>485 Branch Avenue, LLC</b>                                   |                |                         |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate holding company</b> |                |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                   |                |                         |                     |
| 6. Principal Office Address<br><b>485 Branch Avenue</b>                                                                                                                                                     |       | City<br><b>Providence</b>                                                                                         |                | State<br><b>RI</b>      | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                   |                |                         |                     |
| Contact Name <b>Linda Andreoli</b>                                                                                                                                                                          |       |                                                                                                                   | Contact Title  |                         |                     |
| Street Address <b>485 Branch Avenue</b>                                                                                                                                                                     |       | City <b>Providence</b>                                                                                            |                | State <b>RI</b>         | Zip <b>02904</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                   |                |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                   | 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.                                                                   |       |                                                                                                                   |                |                         |                     |
| <b>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.</b> |       |                                                                                                                   |                |                         |                     |
| Name of Authorized Person<br><b>Linda Andreoli</b>                                                                                                                                                          |       |                                                                                                                   |                | Date<br><b>10/18/16</b> |                     |
| Signature of Authorized Person<br><i>Linda Andreoli</i><br>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 18 2016**

By 256249