



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 141107		2. Exact name of the Limited Liability Company 350 Benefit Street LLC			
3. NAICS Code 53 - Real Estate and Rental and Leasing		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 43 Follett Street		City Cumberland		State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Nolette			Contact Title Manager		
Street Address 48 Barberry Drive		City Seekonk		State MA	Zip 02771
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael Nolette			Manager Name Robert Roncarati		
Street Address 48 Barberry Drive			Street Address 43 Follett Street		
City Seekonk	State MA	Zip 02771	City Cumberland	State RI	Zip 02864
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 Michael Nolette				Date 10/20/16	
Signature of Authorized Person 				SIGN DOCUMENT HERE FILED	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 24 2016
By
LID