

Annual Report for the year: 2010 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.

RICEIVED R.I. DEP C OF STATE BUG SVOS DIV

2016 MOY 18 AH 10: 39

1. Entity ID Number	İ	2. Exact name of the Limited Liability Company				
000485249	Great Islai	Great Island Broad Street LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island			1273	
Massachusetts	<b>-</b>	4. Brief description of the character of business conducted in Rhode Island				
Massachusetts		To operate, develop, improve, lease, sell and in all respects deal with a certain improved parcel of property locally known as 800 Post Road, in Warwick, RI.				
	improved	parcel of proper	ty locally known as 80	00 Post Road, in Wa	rwick, Ri.	
5. Principal Office Address			City	State	7 000 0	
20 Park Plaza, Suite 443			Boston	MA	02116	
·					ri ri	
6. Mailing Address of Limite		y and Name or Title			<b>4</b>	
Contact Name Burt Schein			Contact Title Controller			
Street Address 20 Park Plaza, Suite 443			City Boston	State MA	<sup>Zíp</sup> <b>02116</b>	
7. List ALL managers (name	es and addresses)	of the Limited Liabi	lity Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS	
Manager Name Great Island Development Group Limited Partnership			Manager Name			
Street Address 20 Park Plaza, Suite 443			Street Address			
City Boston	State MA	<sup>Zip</sup> <b>02116</b>	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	tion is currently of rec	ord in the Department of Stat	te. Changes require filing f	orm 642.	
Under penalty of perjury, I statements, and that all st				ng any accompanying	schedules and	
Name of Authorized Person	Great Island Deve	lopment Group Lim	nited Partnership, Manag	er, Date		
by BCA Partners Incorporat	tner, by Bernard M	1. Devine, Jr., Treasurer	evine, Jr., Treasurer 11 . 17 . 16			
Signature of Authorized Per	fon // /	SIGN DOG	CUMENT HERE			
	7					

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 NOV 22 2016 2:46 By 289178

FORM 632 - Revised: 05/2016