



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

Amended

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>734678</b>		2. Exact name of the limited liability company <b>Johnson Real Estate Investors LLC</b>			
3. State of Formation <b>MA</b>		4. Brief description of the character of business conducted in Rhode Island <b>EMPLOYEE SUBCONTRACTING TO AN ENTITY WHICH OWNS PROPERTY IN RHODE ISLAND</b>			
5. Principal office address <b>380 Union Street, Suite 300</b>		City <b>West Springfield</b>	State <b>MA</b>	Zip <b>01089</b>	
Contact Name		Contact Title			
Street Address <b>380 Union Street, Suite 300</b>		City <b>West Springfield</b>	State <b>MA</b>	Zip <b>01089</b>	
<b>DO NOT CHECK IF MEMBER</b>					
Manager Name <b>NEPSA MANAGER LLC</b>		Manager Name			
Street Address <b>380 Union Street, Suite 300</b>		Street Address			
City <b>West Springfield</b>	State <b>MA</b>	Zip <b>01089</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

**RESIDENT AGENT IN RHODE ISLAND**  
 This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED**

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 R.I. DEPT. OF STATE  
 DIVISION OF BUSINESS SERVICES



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.

[Signature] 12/15/2016  
 Signature of Authorized Person Date  
 Fred Anthony, President of Nepsa Property Investors, Inc.,  
 the manager of Nepsa Manager LLC  
 Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

