Annual Report for the year: 2019 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.					25 PH 173		
					55		
1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company					
000486845	EAF Bourne Mills Land Condo Holder, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	Real estate management and development						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
536 Granite Street			Braintree	MA	02184		
7. Mailing Address of Limited Liab	bility Company a	ınd Name or Title					
Contact Name James Sullivan			Contact Title President				
Street Address 536 Granite Street			City Braintree	State MA	^{Zip} 02184		
8. List ALL managers (names and			ity Company, IF APPLICABLE	- DO NOT LIST M	EMBERS		
Manager Name EAF Bourne Mills Land Condo, Inc.			Manager Name				
Street Address 536 Granite Street			Street Address				
City Braintree	State MA	^{Zip} 02184	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address		Street Address		
Street Address			Oli GEL Address				
	State	Zip	City	State	Zip		
	State	Zip	City		Zip		
City 9. Resident Agent in Rhode Island	d. This information	is currently of reco	City (rd with the Department of State. (Check the box to ind	icate an attachment		
City	d. This information	is currently of reco	City (rd with the Department of State. (ined this report, including a	Check the box to ind	icate an attachment Form 642.		
9. Resident Agent in Rhode Island Under penalty of perjury, I decla	d. This information	is currently of reco	City (rd with the Department of State. (ined this report, including a	Check the box to ind	icate an attachment		
9. Resident Agent in Rhode Island Under penalty of perjury, I decla statements, and that all statemen	d. This information	is currently of reco	City (rd with the Department of State. (ined this report, including a	Check the box to ind Changes require filing I	icate an attachment		

FILED

JAN 26 2017 2'00

BY M 294204

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 08/2016