



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SERVICES DIV.
2017 JAN 26 PM 1:52

Annual Report for the year: 2012

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 000486848 | | 2. Exact name of the Limited Liability Company EAF Bourne Mills Managing Member LLC | | | |
| 3. NAICS Code 531 190 | | 4. Brief description of the character of business conducted in Rhode Island Real estate development and management. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 536 Granite Street | | City Braintree | | State MA | Zip 02184 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name James Sullivan | | | Contact Title <i>President of the Manager</i> | | |
| Street Address 536 Granite Street | | | City Braintree | | State MA Zip 02184 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name EAF Bourne Mills MM LLC | | | 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 | | |
| 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 James Sullivan | | | | Date <i>10/12/16</i> | |
| Signature of Authorized Person | | | | | |

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

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BY *CA 294206*