State of Rhode Island a	nd Providence	Plantations				
Department of St			s Division			
					20	
A Donart for the W	2015				₹	
Aillidal Report for the year.						
Limited Liability Company						
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00						
→ Penalty: Additional \$25.00	fee if form is n	ot filed by Decer	mber 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company				38 37	
132524	Gardner II Re	Gardner II Real Estate, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental ▼ Owns and manages real estate						
5. State of Formation						
Delaware						
6. Principal Office Address			City	State	Zip	
219 East Main Street, P.O. Box 428			Milford	MA	01757	
7. Mailing Address of Limited Liab	bility Company	and Name or Title	of Contact Person			
Contact Name Jonathan M. Bruce			Contact Title President, Armida, Inc., Manager			
Street Address 219 East Main Street, P.O. Box 428			City Milford	State MA	^{Zip} 01757	
8. List ALL managers (names an	d addresses) of	f the Limited Liabi	lity Company, IF APPLIC	CABLE - DO NOT LIST ME	MBERS	
Manager Name Armida, Inc.			Manager Name			
Street Address 219 East Main Street, P.O. Box 428			Street Address			
City Milford	State MA	^{Zip} 01757	City	State	Zip	
Manager Name		-1	Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			.1	Check the box to ind	icate an attachment	
9. Resident Agent in Rhode Island	d. This informatio	in is currently of rece	ord with the Department of			
Under penalty of perjury, I declar statements, and that all statements				ding any accompanying	schedules and	
Name of Authorized Person Date						
Jonathan M. Bruce, President, Armida, Inc., Manager				January 2	January 22, 2017	
Signature of Authorized Person	-Presid		DIMENTAL PER			

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 39

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