(hore	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual 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 not filed by December 1

1. Entity ID Number	2. Exact name	of the Limited I	Liability Company		F. 1977		
133383							
3. NAICS Code	4. Brief descrip	otion of the char	racter of business conducted i	in Rhode Island	- 6 H.		
53 - Real Estate and Rental ar	Real Estate De	evelopment			FW 12: 06		
5. State of Formation	1				10 A		
MD					06		
6. Principal Office Address			City	State	Zip		
2400 Boston Street, Suite 404			Baltimore	MD	21224		
7. Mailing Address of Limited Lia		and Name or Tit			<u> </u>		
Contact Name Joseph Summers	,		Contact Title Director of Ta	Contact Title Director of Tax			
Street Address 2400 Boston Stre	et, Suite 404		City Baltimore	State MD	^{Zip} 21224		
8. List ALL managers (names ar		the Limited Lial	bility Company, IF APPLICAB	BLE - DO NOT LIST ME	MBERS		
Manager Name The Armory Revi	val Company		Manager Name				
Street Address 334 Broadway			Street Address	Street Address			
City Providence	State RI	^{Zip} 02909	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to indi	icate an attachment		
9. Resident Agent in Rhode Island	d. This information	is currently of re	cord with the Department of State	e. Changes require filing F	orm 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	Date						
Joseph Summers	02/01/2017	7					
Signature of Authorized Person SIGN DOCUMENT HERE							

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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