

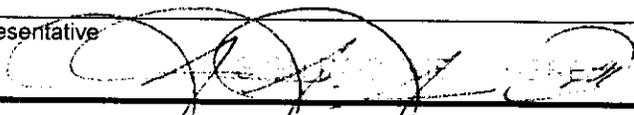


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|--------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number 00508265 | | 2. Exact name of the Corporation Dellbrook Manager, Inc. | | | |
| 3. Principal Office Address 536 Granite Street | | | City Braintree | State MA | Zip 02184 |
| 4. Business Phone Number 781-794-1000 | | | 5. State of Incorporation Massachusetts | | |
| 6. Brief description of the character of business conducted in Rhode Island Managing Member of EAF Bourne Mills MM LLC | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name James J. Sullivan | | | Vice-President Name | | |
| Street Address 19 Ardmore Street | | | Street Address | | |
| City Braintree | State MA | Zip 02184 | City | State | Zip |
| Secretary Name Gretchen S. Fish | | | Treasurer Name James J. Sullivan | | |
| Street Address 9 Dellbrook Road | | | Street Address 19 Ardmore Street | | |
| City Weston | State MA | Zip 02493 | City Braintree | State MA | Zip 02184 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Gretchen S. Fish | | | Director Name | | |
| Street Address 9 Dellbrook Road | | | Street Address | | |
| City Weston | State MA | Zip 02493 | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | PAR VALUE |
| | | | 0 | 0 | 0 |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative James J. Sullivan | | | | Date 02/07/2017 | |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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