



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

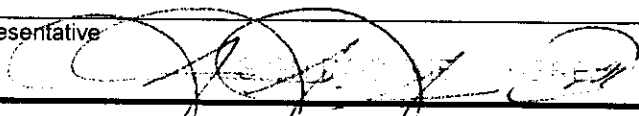
Annual Report for the year: 2017

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		
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

FILED

FEB 10 2017

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