	State of Rhode Island and Office of the Sec		antations	Fee: \$50.0
	Division Of Bus	iness Services		
	148 W. Riv			
	Providence RI			
HOPE	(401) 222	2-3040		
imited Liability Con	npany			
Annual Report				
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability			
o file its annual report with 6-66(b&c)) is subject to a	nin thirty (30) days after the time p penalty fee of \$25.00	rescribed by law (F	R.I.G.L. 7-	
ANNUAL REPORT YEAR	: <u>2016</u>			
1. ID No. <u>00010091</u>	<u>2</u>			
2. Exact Name of the L	imited Liability Company Bos	s Realty, LLC		
3. State of Formation				
State: <u>RI</u>				
	ARTICLE			
Using the following NAICS	S codes, please select the code t	hat best describes	your business.	
NAICS Code			6 53	
			<u> </u>	
4. Brief Description of the	he Character of the Business W	/hich is Actually C	Conducted in Rh	ode Island
REAL ESTATE MANA				
	GEMENT			
5. Principal Office Addre	ess South County trail			
5. Principal Office Addre	ess	State: <u>RI</u> Z	ір: <u>02818</u> Соц	ıntry: <u>USA</u>
5. Principal Office Addre No. and Street: <u>2883</u> City or Town: <u>EAST</u>	ess South County trail		-	ıntry: <u>USA</u>
 5. Principal Office Addression No. and Street: <u>2883</u> City or Town: <u>EAST</u> 6. Mailing Address of Li 	ess <u>SOUTH COUNTY TRAIL</u> <u>C GREENWICH</u> imited Liability Company and N		-	ıntry: <u>USA</u>
 5. Principal Office Addression No. and Street: <u>2883</u> City or Town: <u>EAST</u> 6. Mailing Address of Lite Contact Name: Contact 	ess <u>SOUTH COUNTY TRAIL</u> <u>C GREENWICH</u> imited Liability Company and N		-	ıntry: <u>USA</u>
5. Principal Office Addres No. and Street: 2883 City or Town: EAST 6. Mailing Address of Li Contact Name: Contact No. and Street: 2883	ess <u>SOUTH COUNTY TRAIL</u> <u>T GREENWICH</u> imited Liability Company and N : Title:	Name or Title of C	ontact Person:	intry: <u>USA</u> intry: <u>USA</u>
5. Principal Office Address No. and Street: 2883 City or Town: EAST 6. Mailing Address of Lit Contact Name: Contact No. and Street: 2883 City or Town: EAST	ess <u>SOUTH COUNTY TRAIL</u> <u>GREENWICH</u> imited Liability Company and N Title: <u>SOUTH COUNTY TRAIL</u> <u>GREENWICH</u> f Each Manager of the Limited	Name or Title of C State: <u>RI</u> Zip	ontact Person:	Intry: <u>USA</u>
5. Principal Office Address No. and Street: 2883 City or Town: EAST 6. Mailing Address of Lit Contact Name: Contact No. and Street: 2883 City or Town: EAST	ess <u>SOUTH COUNTY TRAIL</u> <u>GREENWICH</u> imited Liability Company and N Title: <u>SOUTH COUNTY TRAIL</u> <u>GREENWICH</u> f Each Manager of the Limited	Name or Title of C State: <u>RI</u> Zip	ontact Person:	Intry: <u>USA</u>

LYNN P KENT 2883 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of February, 2017 at 10:54:23 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LYNN P KENT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved