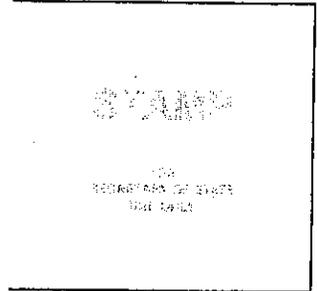




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Annual Report for the year:** 2016  
**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<br><b>897407</b>  |       | 2. Exact name of the Limited Liability Company<br><b>BRISLIN PROPERTIES, LLC</b>   |   |                        |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental a <input checked="" type="checkbox"/>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO ENGAGE IN ANY LAWFUL BUSINESS PERMITTED UNDER THE LIMITED LIABILITY ACT, INCLUDING, BUT NOT LIMITED TO, THE BUSINESS OF A REAL ESTATE HOLDING COMPANY</b> |   |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |  |   |                        |                     |
| 6. Principal Office Address<br><b>536 CENTRAL AVENUE</b>  |       |  | City<br><b>PAWTUCKET</b>                  | State<br><b>RI</b>     | Zip<br><b>02861</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |   |                        |                     |
| Contact Name <b>JEAN A. BOULANGER</b>   |       |  | Contact Title <b>ATTORNEY FOR PROCESS</b> |                        |                     |
| Street Address <b>1035 MAIN STREET</b>  |       |  | City <b>COVENTRY</b>                      | State <b>RI</b>        | Zip <b>02816</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |   |                        |                     |
| Manager Name  |       | Manager Name   |   |                        |                     |
| Street Address  |       | Street Address   |   |                        |                     |
| City  | State | Zip  | City                                      | State                  | Zip                 |
| Manager Name  |       | Manager Name   |   |                        |                     |
| Street Address  |       | Street Address   |   |                        |                     |
| City  | State | Zip  | City                                      | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |   |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |   |                        |                     |
| <b>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.</b> |       |  |   |                        |                     |
| Name of Authorized Person<br><b>LINDSAY C. BRISLIN</b>  |       |  |   | Date<br><b>2/28/17</b> |                     |
| Signature of Authorized Person <b>SIGN DOCUMENT HERE</b>  |       |  |   |                        |                     |

**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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