RI SOS Filing Number: 201742814300 Date: 5/4/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
910024	Old Propo 11C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
63	Ownership of one building in Rhode Island.				
5. State of Formation B E	the building was sold in 2016. No more actively				
6. Principal Office Address 24 & Be acon & Boston			City BOSTON	State MA	Zip Odll 4
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mortha de Bourgknecht			Contact Title		
Street Address 246 Beacon St			city Boston	State MA	ZipODIIA
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity 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

City

Brisk Divolati Nijek, ek,

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Signature of Authorized Person

Name of Authorized Person

MAIL TO:

Street Address

City

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

State

statements, and that all statements contained herein are true and correct.

MARTHA DE BOURGKNEUHT

Zip

Phone: (401) 222-3040 Website: www.sos.ri.gov



State

Date

5.1.17

Zip

Check the box to indicate an attachment

FORM 632 - Revised: 02/2017