



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

STAMP

Annual Report for the year: 2017

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 488206		2. Exact name of the Limited Liability Company BURRS LANE ASSOCIATES, LLC			
3. NAICS Code 53		4. Brief description of the character of business conducted in Rhode Island ownership, leasing, management, and development of real property			
5. State of Formation Rhode Island					
6. Principal Office Address 5 Benefit Street			City Providence	State RI	Zip 02904-0000
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Carl B. Lisa			Contact Title Manager		
Street Address 5 Benefit Street			City Providence	State RI	Zip 02904-0000
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Carl B. Lisa			Manager Name		
Street Address 5 Benefit Street			Street Address		
City Providence	State RI	Zip 02904	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.					
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 Person Carl B. Lisa				Date 09/01/2017	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2015

Phone: (401) 222-3040

Website: www.sos.ri.gov

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AUG 31 2017

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