



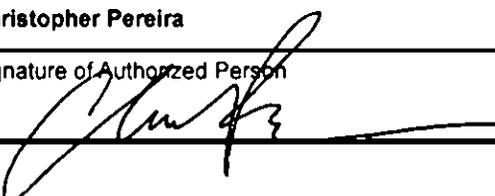
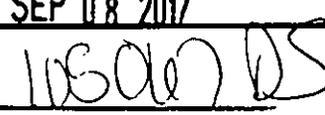
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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 000943944		2. Exact name of the Limited Liability Company 901 Waterman Avenue, LLC	
3. NAICS Code 53 - Real Estate and Rental ar <i>53110</i>		4. Brief description of the character of business conducted in Rhode Island To own, manage, develop, maintain, rehabilitate, renovate, finance, operate, lease, sell, convey, assign, mortgage or otherwise deal with such properties as the LLC may acquire from time to time and to carry on any lawful business, trade, purpose or activity.	
5. State of Formation RI			
6. Principal Office Address 901 Waterman Avenue		City East Providence	State RI
		Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher Pereira		Contact Title Manager	
Street Address 54 Mason Street		City Worcester	State MA
		Zip 01610	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Christopher Pereira		Manager Name	
Street Address 54 Mason Street		Street Address	
City Worcester	State MA	Zip 01610	
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 Christopher Pereira		Date SEP 08 2017	
Signature of Authorized Person 		FILED SEP 08 2017	
SIGN DOCUMENT HERE		BY <u></u>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov