



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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000856173		2. Exact name of the limited liability company 200 Exchange Street Unit 813, LLC		3. NAICS Code 531110	
4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company				5. State of Formation Rhode Island	
6. Principal office address 56 Lancashire Drive		City Mansfield		State MA	Zip 02048
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Horacio B. Hojman		Contact Title Manager			
Street Address 56 Lancashire Drive		City Mansfield		State MA	Zip 02048
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Natalia Golova Hojman		Manager Name Horacio B. Hojman			
Street Address 56 Lancashire Drive		Street Address 56 Lancashire Drive			
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11					

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

FILED

SEP 22 2017

BY

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.

Horacio B. Hojman
Signature of Authorized Person
manager

9/5/17
Date

Horacio B. Hojman, Manager

Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	