STAMP

Annual Report for the year: 2017

Limited Liability Company

→ Filing period. September 1 - November 1

→ Filing Fee: \$50.00

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FOR SECRETARY OF STATE USE ONLY

→ Penalty: Additional \$	\$25.00 fee if form	s not filed by D	ecember 1.	_				
1 Entity ID Number 487645	I	2. Exact name of the Limited Liability Company 525 Company, LLC						
3 NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island						
53 NO	purchase	purchase, sell, lease real estate and all other lawful activities incidental to real estate						
5 State of Formation								
Rhode Island								
6. Principal Office Address			City	State	Zip			
214B Main Street			East Greenwich	RI	02818			
7 Mailing Address of Limit	<u> </u>	iny and Name or		•	•			
Contact Name John D. Biafore			Contact Title Attorney	Contact Title Attorney				
Street Address 478A Broadway			City Providence	State RI	^{Zıp} 02909			
8 List ALL managers (nar	mes and addresses	s) of the Limited	Liability Company, IF APPLICAB	ILE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zıp	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	I		l	Check the box to	indicate an attachment			
9 Resident Agent in Rhod	le Island. This inform	nation is currently	of record with the Department of Stat	te. Changes require filii	ng Form 642			
Under penalty of perjury statements, and that all			examined this report, including true and correct.	g any accompanyin	g schedules and			
Name of Authorized Person					Date			
H. Robert Bacon, Member					18/17			
Signature of Authorized Fo	erson ()Sc	SIGN	DOCUMENT HERE	•				

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

FORM 632 - Revised: 08/2017