



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

Annual Report for the year: 2017
Limited Liability Company

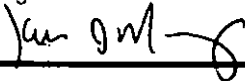
- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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| | | | | | |
|---|--------------------|---|-------------------------|------------------------|---------------------|
| 1. Entity ID Number 588246 | | 2. Exact name of the Limited Liability Company 11 Euclid, LLC | | | |
| 3. NAICS Code 53 - Real Estate and Rental ar | | 4. Brief description of the character of business conducted in Rhode Island To operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 1150 Reservoir Avenue #200 | | City Cranston | | State RI | Zip 02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Stephen J. Morrissey | | | Contact Title | | |
| Street Address 1150 Reservoir Avenue #200 | | | City Cranston | | State RI |
| | | | Zip 02920 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Morrissey Management LLC | | | Manager Name | | |
| Street Address 1150 Reservoir Avenue #200 | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Kenneth J. Morrissey | | | | Date 9/29/17 | |
| Signature of Authorized Person  | | | | 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 ✓

SEP 29 2017

BY MA 313746