		sland and Providence Plantations Fee: \$50. of the Secretary of State
	Divi	sion Of Business Services
		148 W. River Street
	Pro	ovidence RI 02904-2615
HOPE		(401) 222-3040
Annual Rep	oility Company ort eptember 1 - November 1	
to file its annual		nited liability company failing or refusing ter the time prescribed by law (R.I.G.L. 7- 00.
ANNUAL REPORT YEAR: 2017		
1. ID No. 000862740		
2. Exact Name of the Limited Liability Company $\underline{TMI EAST SHORE LLC}$		
3. State of Formation		
State: <u>DE</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>531311</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
OWN REAL ESTATE		
5. Principal Office Address		
No. and Street: C/O TAYMIL PARTNERS LLC		
	1101 WORCESTER ROA	
City or Town:	FRAMINGHAM	State: <u>MA</u> Zip: <u>01701</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title: No. and Street: C/O TAYMIL PARTNERS LLC		
INU. ANU STIEET	1101 WORCESTER RO	
City or Town:	FRAMINGHAM	State: <u>MA</u> Zip: <u>01701</u> Country: <u>US</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	TAYMIL MULTIFAMILY MANAGER	C/O TAYMIL PARTNERS LLC/1101 WORCESTER ROAD, 4TH FLOOF

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 2 Day of October, 2017 at 1:06:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEVEN R. ASTROVE

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved