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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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 522496		2. Exact name of the Limited Liability Company 285 Central Avenue LLC				
NAICS Code State of Formation Rhode Island	1	Brief description of the character of business conducted in Rhode Island To operate, develop, finance, acquire and manage real estate directly and indirectly				
6. Principal Office Address			City	State	Zip 02919	
270 Central Avenue			Johnston	RI	02919	
7. Mailing Address of Limite		/ and Name or Titl	· · · · · · · · · · · · · · · · · · ·			
Contact Name Kevin T. Gammons			Contact Title Chief Legal Officer			
Street Address 225 Wyman Street			City Waltham	State MA	^{Zıp} 02451	
8. List ALL managers (nam	ies and addresses)	of the Limited Lial	bility Company, IF APPLICA		MEMBERS	
Manager Name Thomas M. Dusel			Manager Name Kevin Casey			
Street Address 225 Wyman Street			Street Address 225 Wyman Street			
City Waltham	State MA	^{Zip} 02451	City Waltham	State MA	^{Zip} 02451	
Manager Name Kevin T. Gammons			Manager Name			
Street Address 225 Wyman Street			Street Address			
City Waltham	State MA	^{Zip} 02451	City	State	Zip	
				Check the box to in	ndicate an attachment	

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

Kevin T. Gammons

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