



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 001665131

**2. Exact Name of the Limited Liability Company** 211 Columbus Ave Associates, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

(I) TO OWN, REHABILITATE AND OPERATE THE PROPERTY KNOWN AS 211 COLUMBUS AVE, PAWTUCKET, RHODE ISLAND 02860; AND (II) TO ENGAGE IN ANY OTHER BUSINESS PERMITTED UNDER THE ACT WHICH THE MEMBERS SHALL DEEM DESIRABLE OR EXPEDIENT FOR THE PROTECTION OR BENEFIT OF THE COMPANY AND THE PROTECTION OF ITS ASSETS.

**5. Principal Office Address**

No. and Street: 1080 MAIN STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JONATHAN N. SAVAGE Contact Title: MEMBER

No. and Street: 1080 MAIN STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**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

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

JONATHAN SAVAGE 1080 MAIN STREET PAWTUCKET , RI 02860

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

**Signed this 22 Day of October, 2017 at 1:56:32 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 JONATHAN N. SAVAGE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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