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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.

| FOR | | | | | | |
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| SECRETARY OF STATE | | | | | | |
| USF ONLY | | | | | | |

| A Bnef description of the character of business conducted in Rhode Island To own and acquire real estate | Entity ID Number | 2. Exact nam | 2. Exact name of the Limited Liability Company | | | | | |
|---|--|--------------------------------------|--|--|--------------------------|----------------------|--|--|
| 5. State of Formation Rhode Island 6. Principal Office Address 1910 Centre Street 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Steven A. Moretti, Esq. Street Address 1140 Reservoir Avenue 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Peter A. Capodilupo Street Address 1910 Centre Street City West Roxbury State MA Zip 02132 City West Roxbury State MA Zip 02132 Manager Name Manager Name Street Address | 788427 | 65 Rob | 65 Roberts Street, LLC. | | | | | |
| 5. State of Formation Rhode Island 6. Principal Office Address 1910 Centre Street 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Steven A. Moretti, Esq. Contact Title Registered Agent Street Address 1140 Reservoir Avenue 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 Peter A. Capodilupo Street Address 1910 Centre Street City West Roxbury State MA Zip 02132 City West Roxbury State MA Zip 02132 Manager Name Street Address Street Address Street Address Street Address Street Address Street Address | 3. NAICS Code | 4. Brief desci | Brief description of the character of business conducted in Rhode Island | | | | | |
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| Street Address Street Address | City West Roxbury | State MA | ^{Zip} 02132 | City West Roxbury | State MA | ^{Zıp} 02132 | | |
| | Manager Name | | | Manager Name | | | | |
| City State Zip City State Zip | Street Address | | | Street Address | | | | |
| | City | State | Zip | City | State | Zıp | | |
| Check the box to indicate an attachment | | | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | 9. Resident Agent in Rhode Isl | land, This informat | tion is currently of re | cord with the Department of Stat | e. Changes require filin | g 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. | Under penalty of perjury, I destatements, and that all state | eclare and affirm ements contains | n that I have exa ed herein are tru | mined this report, including e and correct. | any accompanying | schedules and | | |
| Name of Authorized Person Date | Name of Authorized Person | | | | | Date | | |
| Peter C. Capodilupa | Peter C. Capodilupa | | | | | | | |
| Signature of Authorized Person | Signature of Authorized Person | n | 4 | | | | | |
| 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