



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 OCT 24 AM 10:12

1. Entity ID No. 98639		2. Exact name of the limited liability company Niantic Place, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate # 531190	
5. Principal office address 1 Realty Way		City East Providence	State RI Zip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Pesce		Contact Title Manager	
Street Address 1 Realty Way		City East Providence	State RI Zip 02914
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 24 2017

BY *K* 315579

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

John Pesce 10/12/17
 Signature of Authorized Person Date
John Pesce
 Print or Type Name of Authorized Person