State of Rhode Island a	and Providen	ce Plantations				
Department of S	tate - Bus	siness Services	Division		25	
Artists.					27 _ P.	
Ammuel Demont for the s	20	17			R.I. 05 BUS 2017 NOV	
Annual Report for the y Limited Liability Compa	/ear: <u></u>				- 00 mg	
→ Filing period: September	=	her 1				
→ Filing Fee: \$50.00					AM CO	
→ Penalty: Additional \$25.00) fee if form	is not filed by Decem	ber 1.		<u> </u>	
4. Entity (D. Alymbur	2 Event no	amo of the Limited Lief	hility Company		Si tri	
1. Entity ID Number 100829		eerless Associates, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53	To own, operate, and lease real estate.					
5. State of Formation	7		· / · · · · · ·			
RI	# 531170					
6. Principal Office Address	<u> </u>		City	State	Zip	
46 Aborn Street, 4th Floor			Providence	RI	02903	
7. Mailing Address of Limited Lia	ability Compa	any and Name or Title				
Contact Name Kimberly Haskins			Contact Title Controller			
Street Address 46 Aborn Street, 4th Floor			City Providence	State RI	^{Zip} 02903	
8. List ALL managers (names a	ind addresse	s) of the Limited Liabili	ity Company, IF APPLICAB	BLE - DO NOT LIST M	MEMBERS	
Manager Name -			Manage: Name			
Street Address (1 Fir			Street Address			
City	State	Zip C	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Isla						
Under penalty of perjury, I dec statements, and that all stater	clare and aff ments conta	firm that I have examined herein are true	ined this report, including and correct.	g any accompanying	; schedules and	
Name of Authorized Person				Date		
Kimberly Haskins				10/30/2017		
Signature of Authorized Person	K I	· I without	a large was			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 08/2017