RI SOS Filing Number: 201752697090 Date: 11/1/2017 4:00:00 PM

State of Rhode Island a  Department of S		,	s Division			
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	any 1 - Novembe ) fee if form is	r 1		_	SOUTHON - 1 AH 10: 54	
929127	Lapham 290, LLC					
3. NAICS Code 53	Brief description of the character of business conducted in Rhode Island     To own, operate, and lease real estate.					
5. State of Formation RI	#531120					
6. Principal Office Address 46 Aborn Street, 4th Floor			City Providence	State RI	Zip 02903	
7. Mailing Address of Limited Lia		and Name or Title				
Contact Name Kimberly Haski		Contact Title Controller	ontact Title Controller			
Street Address 46 Aborn Street, 4th Floor			City Providence	State RI	<sup>Zip</sup> <b>02903</b>	
8. List ALL managers (names a	nd addresses)	of the Limited Liabi	<del>T</del>	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address	_		et Address			
City	Stat-	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	S:ate	Z:p	
				Check the box to it	ndicate an attachment	
<ol><li>Resident Agent in Rhode Isla</li></ol>					·	
Under penalty of perjury, I dec statements, and that all states				g any accompanying	g schedules and	
Name of Authorized Person				Date		
Kimberly Haskins 10/3					017	
Signature of Authorized Person	eza M	ade 16 to DO	SWINN 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

**FILED** 

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FORM 632 - Revised: 08/2017