RI SOS Filing Number: 201752697630 Date: 11/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the Limited Liability Co → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$50.00	mpany mber 1 - Novemb	er 1	December 1.		R.I. DEPT OF SYCS	
1. Entity ID Number 114188	1	2. Exact name of the Limited Liability Company Alice Building, LLC			AM 10: 55	
3. NAICS Code 53 1 0 5. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To own, operate, and lease real estate.				
6. Principal Office Address 46 Aborn Street, 4th Floor			City Providence	State RI	Zip 02903	
7. Mailing Address of Limit Contact Name Kimberly H		iy and Name o	Contact Title Controller			
Street Address 46 Aborn Street, 4th Floor			City Providence	State RI	Z:p 02903	
B. List ALL managers (names and addresses) of the Limited I Manager Name Street Addres			Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address			
Cı	State F	Zıŗ	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Under penalty of perjury,	I declare and affi	m that I have	of record with the Department of State	e. Changes require fili	-	
Statements, and that all statements contained herein are true and correct. Name of Authorized Person Kimberly Haskins				Date 10/30/2	Date 10/30/2017	
Signature of Authorized Pe	rson	∠ si ci	N 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 **FILED**

FORM 632 - Revised: 08/2017