



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

1. Entity ID Number <b>116877</b>		2. Exact name of the Limited Liability Company <b>Lerner Associates, LLC</b>			
3. NAICS Code <b>53 1120</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own, operate, and lease real estate.</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>46 Aborn Street, 4th Floor</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Kimberly Haskins</b>			Contact Title <b>Controller</b>		
Street Address <b>46 Aborn Street, 4th Floor</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address <b>46 Aborn Street, 4th Floor</b>			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>Kimberly Haskins</b>				Date <b>10/30/2017</b>	
Signature of Authorized Person <i>Kimberly Haskins</i> 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

**FILED**

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 BY *[Signature]*  
 FORM 632 - Revised: 08/2017  
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