s s	tate of Rhode Island and Pro Office of the Secreta		\$50.00
Division Of Business Services 148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000506193</u>			
2. Exact Name of the Limited Liability Company <u>TRENTON STREET ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on <u>NAICS</u> can be found online.			
531390			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
OWNING AND DEVELOPING REAL PROPERTY			
5. Principal Office Address			
No. and Street: <u>143 ROEBLING STREET</u>			
	<u>2ND FLOOR</u> City or Town:BROOKLYNState: NYZip: 11211Country: USA		
City or Town: <u>BRC</u>	<u>OKLYN</u> State	: <u>NY</u> Zip: <u>11211</u> Country: <u>USA</u>	<u> </u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>257 GRAND STREET, UNIT #33</u> City or Town: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11211</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Countr	ry
MANAGER	ARI S HECKMAN	143 ROEBLING STREET	

BROOKLYN, NY 11211 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CARL I. FREEDMAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of November, 2017 at 4:20:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JONATHAN MINKOFF

Signature of Authorized Person

Form No. 632 Revised 09/07

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