



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

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Limited Liability Company Annual Report for the year: 2017

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
521683		139 Benefit Street, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		Office Space Rental. (531110)			
5. Principal Office Address		City	State	Zip	
139 Benefit Street		Pawtucket	RI	02861	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Levis Gozman		President			
Street Address		City	State	Zip	
139 Benefit Street		Pawtucket	RI	02861	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		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"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Levis Gozman				11/08/2017	
Signature of Authorized Person					

FILED

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