## 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.

					7.7	
1. Entity ID Number	2. Exact name of the Limited Liability Company				=	
528637	27-29	27-29 Kenyon Avenue, LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
531390	Ownersh	Ownership and Management of Real Estate				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
31 Dorr Road			Newton	MA	02458	
7. Mailing Address of Limite	d Liability Compa	any and Name o	r Title of Contact Person			
Contact Name Brian Lannery			Contact Title	Contact Title		
Street Address 31 Dorr Road			City Newton	State MA	<sup>Zip</sup> <b>02458</b>	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST N	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	
	<b>_</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	Check the box to indicate an attachment			
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	tate. Changes require filin	g Form 642.	
Under penalty of perjury, statements, and that all st			examined this report, includi true and correct.	ing any accompanying	schedules and	
Name of Authorized Person				Date		
Brian Lannery						
Signature of Authorized Per	rson	Sico	u/am>			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

