RI SOS Filing Number: 201753377090 Date: 11/15/2017 4:00:00 PM

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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>898595</b>   | 2. Exact name of the Limited Liability Company 358 Broadway Realty Company, LLC     |                     |                                 |                    |                      |  |
|---|---|---------------------|---------------------------------|--------------------|----------------------|--|
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island         |                     |                                 |                    |                      |  |
| 531390  | To purchase assets adn businesses, including real estate for investment,liquidation |                     |                                 |                    |                      |  |
| 5. State of Formation   | and resale and/or to liquidate as agent assets and businesses.                      |                     |                                 |                    |                      |  |
| RI  |   |                     |                                 |                    |                      |  |
| 6. Principal Office Address   |   |                     | City                            | State              | Zip                  |  |
| 186 Fischer Circle  |   |                     | Portsmouth                      | RI                 | 02871                |  |
| 7. Mailing Address of Limited Lia   | bility Company  | and Name or Title   | of Contact Person               |                    |                      |  |
| Contact Name Kathleen M. Tirell   |   |                     | Contact Title Authorized Person |                    |                      |  |
| Street Address 189 Fischer Circle   |   |                     | City Portsmouth                 | State RI           | <sup>Zip</sup> 02871 |  |
| 8. List ALL managers (names ar  | ıd addresses) o   | f the Limited Liabi | lity Company, IF APPLICABI      | LE - DO NOT LIST I | 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   |   |                     |                                 |                    |                      |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. |   |                     |                                 |                    |                      |  |
| Under penalty of perjury, I dec<br>statements, and that all staten  |   |                     |                                 | any accompanyin    | g schedules and      |  |
| Name of Authorized Person Date  |   |                     |                                 |                    |                      |  |
| Kathleen M. Tirrell 10/30/17  |   |                     |                                 |                    |                      |  |
| Signature of Authorized Person  HTML  MULLICE DOCUMENT HEAR   |   |                     |                                 |                    |                      |  |

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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