

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.

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1. Entity ID Number <b>145282</b>	2. Exact name of the Limited Liability Company Starline Plaza, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531120	Real Estate						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
100 High Plain Street			Walpole	MA	02081		
7. Mailing Address of Limited Lia	bility Company	and Name or Ti			•		
Contact Name Thomas M. Jackman			Contact Title Member				
Street Address 100 High Plain Street		City Walpole	State MA	<sup>Zip</sup> <b>02081</b>			
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	ability Company, IF APPLIC	ABLE - DO NOT LIST M	IEMBERS		
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 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							
Thomas M. Jackman, Member							
Signature of Authorized Person							

**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**