RI SOS Filing Number: 201856600400 Date: 1/23/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: _______

2017

-> 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	2. Exact name of the Limited Liability Company				
000766856	400 MASSA SOIT CONDOMINIUM, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	0	בי ארבו אבר	ownership &	MANAG	em ent
5. State of Formation	KEAL	ES MIE	o who e has in		
RI					
6. Principal Office Address			City D	State	Zip
400 MASSASOIT AVE SUITE 108			EAST-ROVIDENCE	RI	52914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARTIN J- KING TK.			Contact Title PLES , DENT		
Street Address 400 MASSASO, TALL, SOIK 108			ENST AUVUENCE	State	Zip 0 2914
8. 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	Zıp	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 ,	1
John COSTIGN				01/23,	12018
Signature of Authorized Person					
Other Costyan					

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**

JAN 23 2018

BY C 21864110

FORM 632 - Revised: 08/2016