RI SOS Filing Number: 201856992190 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division					
Annual Report for the year:					CALCARE ROOMER
Limited Liability Company					A CHANGE
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 					29
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					PR 50
1. Entity ID Number 90281	2. Exact name of the Limited Liability Company 545 P. Associates, LLC				5: 26 5: 26
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531120	The Leasing of commercial space.				
5. State of Formation R I					
6. Principal Office Address			City	State	Zip
545 Pawtucket Ave., STE. A102			Pawtucket	RI	02860
7. Mailing Address of Limited Lia	bility Company	and Name or Titl	e of Contact Person		
Contact Name Stuart A. Ball			General Manager		
Street Address PO Box 3004			City Pawtucket	State R I	Zip 02861
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	oility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS
Manager Name Stuart A. Ball			Manager Name		
Street Address 78 Fourth Street			Street Address		
City Fast Providence	State R I	Zip 02914	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
· · · · · · · · · · · · · · · · · · ·	<u>I</u>			Check the box to	indicate an attachment
9. Resident Agent in Rhode Islan	nd. This informa	tion is currently of re	cord with the Department of S	tate. Changes require fili	ing Form 642.
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyir	ng schedules and
Name of Authorized Person				Date	
Stuart A. Ball					м, 29, 2018
Signature of Authorized Person Sign DOCUMENT HERE					

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 2 9/2018
BY - 27 5 6
FORM 632 - Revised: 10/2017