



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 FEB 16 AM 11:45

Annual Report for the year: **2016**

## 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<br><b>1338746</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Union St., LLC</b>                                       |                               |                          |                     |
| 3. NAICS Code<br><b>531110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investments</b> |                               |                          |                     |
| 5. State of Formation<br><b>Rhode Island</b>   |       |   |                               |                          |                     |
| 6. Principal Office Address<br><b>14 Somerset Street</b>   |       |   | City<br><b>East Greenwich</b> | State<br><b>RI</b>       | Zip<br><b>02818</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                               |                          |                     |
| Contact Name <b>Gregory M. Morris</b>  |       |   | Contact Title <b>Member</b>   |                          |                     |
| Street Address <b>14 Somerset Street</b>   |       |   | City <b>East Greenwich</b>    | State <b>RI</b>          | Zip <b>02818</b>    |
| 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 | Zip   | City                          | State                    | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |   |                               |                          |                     |
| 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<br><b>Gregory M. Morris</b>  |       |   |                               | Date<br><b>2/13/2018</b> |                     |
| Signature of Authorized Person<br>   |       |   |                               | SIGN DOCUMENT HERE       |                     |

## MAIL TO:

Division of Business Services

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