



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 MAR -2 PM 2:02

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 000419789 | | 2. Exact name of the Limited Liability Company Brady Sullivan Pawtucket Manager, LLC | | | |
| 3. NAICS Code 53 - Real Estate 731390 | | 4. Brief description of the character of business conducted in Rhode Island To buy, sell, manage and engage in real estate development and any other lawful business. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 5 Brighton Street | | | City Belmont | State MA | Zip 02478 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Christopher J. Starr | | | Contact Title Manager | | |
| Street Address 5 Brighton Street | | | City Belmont | State MA | Zip 02478 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Christopher J. Starr | | | Manager Name Tyler Langlois | | |
| Street Address 5 Brighton Street | | | Street Address 5 Brighton Street | | |
| City Belmont | State MA | Zip 02478 | City Belmont | State MA | Zip 02478 |
| 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 <i>John T. Coarrrahy</i> | | | | Date <i>3-2-2018</i> | |
| Signature of Authorized Person <i>[Handwritten Signature]</i> | | | 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

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BY *AL 325762*