



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
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 <b>000419789</b>		2. Exact name of the Limited Liability Company <b>Brady Sullivan Pawtucket Manager, LLC</b>			
3. NAICS Code <b>53 - Real Estate</b> <b>731340</b>		4. Brief description of the character of business conducted in Rhode Island <b>To buy, sell, manage and engage in real estate development and any other lawful business.</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>5 Brighton Street</b>		City <b>Belmont</b>		State <b>MA</b>	Zip <b>02478</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Christopher J. Starr</b>		Contact Title <b>Manager</b>			
Street Address <b>5 Brighton Street</b>		City <b>Belmont</b>		State <b>MA</b>	Zip <b>02478</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Christopher J. Starr</b>		Manager Name <b>Tyler Langlois</b>			
Street Address <b>5 Brighton Street</b>		Street Address <b>5 Brighton Street</b>			
City <b>Belmont</b>	State <b>MA</b>	Zip <b>02478</b>	City <b>Belmont</b>	State <b>MA</b>	Zip <b>02478</b>
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.					
<b>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.</b>					
Name of Authorized Person <b>John T. Carrara</b>				Date <b>3-2-2018</b>	
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

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BY **AI 325762**