RI SOS Filing Number: 201859880070 Date: 3/8/2018 4:00:00 PM

(NK)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Phone: (401) 222-3040

Website: www.sos.n.gov

Entity ID Number		110 01 1110 00 PO. G.	J11				
000126309	W/S Sm	2. Exact name of the Corporation W/S Smithfield Crossing, Inc.					
. Principal Office Address	ce Address			 	State	Zip	
33 Boylston Street, Suite 3000			Chestnut H	III	MA	02467	
NAICS Code	6 Brief desc	6 Brief description of the character of business conducted in Rhode Island					
531311	To act as I	To act as Manager of the Limited Liability Company engaged in the business of real estate					
State of Incorporation	ownership	and development	t .				
DE							
List ALL officers (names a	nd addresses)				ck the box to indi	cate an attachment	
President Name			Vice-President Name				
Street Address			Street Address				
					State	Zip	
City	State	Zip	City		State		
ecretary Name			Treasurer Na	Treasurer Name			
Street Address			Street Address				
lieer Address							
Dity	State	Zip	City		State	Ζιp	
3. List ALL directors (names	and addresses)			Che	eck the box to ind	icate an attachmen	
Director Name	20 000.03300/		Director Nam				
Constitution of the consti			Street Address				
Street Address			Suceradies	~			
City	State	Zip	City		State	Zip	
Director Name			Director Nam	e			
Sucord Haine							
Street Address			Street Addres	SS			
Dity	State	Zip	City		State Zip		
<u> </u>		10.0			not the boy to ind	licate an attachmen	
9. Shares Authorized	of record in the	10 Shares I	SSUED	CLASS/S		PAR VALUE	
This information is currently of record in the Department of State.		3000		CWP		1.00	
Changes require an additiona	al filing.	- · ·		 			
	7 4 1 12 2 2		n nutharized cons	sentative If the co	ornoration is in thi	e hands of a receive	
11. This report must be executivistee, this report must be	cuted on behalf of the	te corporation by all of the corporation by	n authorized repre	ssenialive, il the ci trustee.	orporation is in thi		
Under penalty of perjury, I	I declare and affirm	n that i have exam	ined this report,	including any ac	companying sci	nedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Deirdre A. Geoghegan					01/31/2018		
			<u> </u>				
Signature of Authorized Rep	presentative.	e nahis	, <u>22.112</u> N CHT/	1-7VS	-21/2-		
June		(1)4 '49		און נכענ	2XXCV		
MAIL TO:	(UI	F	ILED			
Division of Business Services 148 W. River Street, Providence	s e, Rhode Island 02904	-2615		- AT 2018			

FORM 630 - Revised: 10/2017

W/S Smithfield Crossing, Inc.

Entity ID No. 000126309

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