

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

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|---|---|--|--|----------------|-------------------------|--------------------------------|--|
| 1. Entity ID Number 000126309 | | 2. Exact name of the Corporation W/S Smithfield Crossing, Inc. | | | | | |
| 3. Principal Office Address 33 Boylston Street, Suite 3000 | | | City Chestnut Hil | l | State MA | Zip 02467 | |
| 4. NAICS Code 531311 5. State of Incorporation | To act as N | 6 Brief description of the character of business conducted in Rhode Island To act as Manager of the Limited Liability Company engaged in the business of real estate ownership and development. | | | | | |
| DE | | | | | in an in the collection | anta an alliantant [7] | |
| 7 List ALL officers (names a President Name | Check the box to indicate an attachment Vice-President Name | | | | | | |
| Street Address . | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Secretary Name | | | Treasurer Name | Treasurer Name | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zıp | |
| 8. List ALL directors (names | and addresses) | | | Che | ck the box to ind | icate an attachment 🖸 | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | <u> </u> | | Director Name | · · | | | |
| Street Address | Street Address | | | | | | |
| Čity | State | Zip | City | | State | Żip . | |
| 9. Shares Authorized | 10 Shares Is | | ssued | C 4003050150 | | icate an attachment PAR VALUE | |
| This information is currently of record in the Department of State. | | 3000 | OF SHARES | CWP | | 1.00 | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be exectrustee, this report must be Under penalty of perjury, statements, and that all st Name of Authorized Repres Deirdre A. Geoghegan | executed on behalf of declare and affirm tatements containe | of the corporation by that I have exam | iv the receiver or tri ined this report, it | ustee | | edules and | |
| Signature of Authorized Rep | presentative. | eog hig | EII | S)Trea | rver | | |

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 630 - Revised: 10/2017

W/S Smithfield Crossing, Inc.

Entity ID No. 000126309

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