



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

STAMP

Annual Report for the year: 2018

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 558169		2. Exact name of the Limited Liability Company KOTLER-LEVINE RHODE ISLAND VENTURE LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO HOLD AND INVEST IN REAL AND PERSONAL PROPERTY			
5. State of Formation MA					
6. Principal Office Address c/o Sandra K. Levine, 13 Brookfield Road		City Andover		State MA	Zip 01810
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandra K. Levine		Contact Title Manager			
Street Address 13 Brookfield Road		City Andover		State MA	Zip 01810
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Harold G. Kotler		Manager Name Sandra K. Levine			
Street Address c/o Gannet Welsh & Kotler, 222 Berkley St		Street Address 13 Brookfield Road			
City Boston	State MA	Zip 02116	City Andover	State MA	Zip 01810
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 Sandra K. Levine				Date March 6, 2018	
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

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