



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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