



Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**Filing Period: September 1 - November 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 137405		2. Exact name of the limited liability company 54 BARTON STREET, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 7 STRAWBERRY LANE		City JOHNSTON	State RI
			Zip 02919-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS K. LOPARDO		Contact Title MEMBER	
Street Address 7 STRAWBERRY LANE		City JOHNSTON	State RI
			Zip 02919
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.			
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11			
Agent Name JEFFREY F. CAFFREY, ESQ.		Address 300 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886-

*This report must be signed in ink by an authorized person pursuant to 7-16-66.*



\*137405 DLLC 09/27/05 11:45:31 AM\*

File Date 10/24/05

Check No. 111

By: CXC

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person TK Lopardo Date 10-17-87

THOMAS K. LOPARDO

Print or Type Name of Authorized Person