

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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2005

Filing Period: Septen	nber 1 - November 1 💨 •	Filing Fee: \$50.00							
(FORM MUST BE TYPED		•							
1 ID No.	2. Exact name of the limited li	name of the limited liability company							
143907	Essex Richmond III LLC	Richmond III LLC							
3 State of Formation	4. Brief description of	4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND		Commercial P	Prosty Nuner, Durater						
5. Principal office address  2 Lily  6. MAILING ADDRE		, Suits 100C	OR TITLE OF CONTACT PER	State /2	Z14 02906				
Contact Name CL	ad wit Starn	% TSEX Rie	Comiaci Tille Analy St	.3014: 🗻 🕹	<u>ana and an </u>				
Sireal Address 225	nand Shoot	Usatures	Boston	State	1A 210 02/14				
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) 7.7-16-52 (b)  Manager Name  Manager Name  Manager Name									
Sircei Address	in 10. Honton	Pres (minus	Sircel Address	Cung 1	CHIESSEX KNOW CO.				
225 F	-rind Street		725 FA	3	set				
City Boston	State	02114	Giry Boston	State 14	02114				
Manager Name	•••••••••••••••••••••••••••••••••••••••	•	Manager Name	•••••••					
Street Address			Sircet Address						
City	State	Zip	City	State	2.φ				
8. RESIDENT AGEN	' T IN RHODE ISLAND» D	O NOT ALTER - Changes	: require filing of Form 642	· R.1.G.L. 7-1	6-11				
Agent Name			Address						
ESSEX RICHMOND V	ENTURES LLC								
Address			City		Zίρ				
ONE RICHMOND SQUARE, SUITE 100C			PROVIDENCE		02906-				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	11/10/05 143907	]
Check No	1067	
Ву:	201	
roi	R 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 Juthorized Person

Print or Type Name of Authorized Person