RI SOS Filing Number: 201870791720 Date: 6/27/2018 2:36:00 PM

State of Rhode Isla	nd and Providen	ce Plantations		_		
Department o	f State - Bu	siness Servi	ices Division			
Annual Report for th Limited Liability Con → Filing period: Septem → Filing Fee: \$50.00 → Penalty: Additional \$2	npany iber 1 - Novemi	ber 1	ecember 1.		RECEIVED SECRETARY OF S CORPORATIONS 2011 JUN 27 PK 2	
1, Entity ID Number	2. Exact na	ame of the Limite	d Liability Company		<u>ν</u> ω <u>ν</u>	
000237621	78	B DEVON	C	.Ω] _m i		
3. NAICS Code 5. State of Formation RT	OF ANI	4. Brief description of the character of business conducted in Rhode Island OF AND REZATING TO THE RENTAL OF RESIDENTIAL UNITS AT 78 DEVONSHIRE ST, PROVIDENCE, RI AND ALL THINGS LEGAL.				
6. Principal Office Address 56 HARRISON STREET			NEW ROCHELLE	State	Zip /080/	
7. Mailing Address of Limited			Title of Contact Person			
Contact Name ERICH HOFFMANN			Contact Title ANTHOLIZED RCP			
Street Address 56 HARRISON STREET			NOW ROCHELLE	State	Zip 1086/	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Ch	neck the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	mation is currently o	of record with the Department of State. Ch	nanges require fili	ng Form 642.	
Under penalty of perjury, I statements, and that all st			examined this report, including any true and correct.	y accompanyir	ng schedules and	
Name of Authorized Person			1 1	Date 6 27	7-2018	
Signature of Authorized Per		\$131	WI COMENT WIRE	<u> </u>		
				<i></i>	FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 27 2018

FORM 632 - Revised: 10/2017