Si	tate of Rhode Island and Pro Office of the Secret		ns Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	treet	
HOPE	(401) 222-30		
Limited Liability Com Annual Report	pany		
Filing Period: September 1 -	- November 1		
	7-16-66(d), each limited liability com n thirty (30) days after the time prese penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000162767</u>	-		
2. Exact Name of the Limited Liability Company <u>30 WELLESLEY AVE., LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531110</u>			
4. Brief Description of the	e Character of the Business Whic	h is Actually Conducte	ed in Rhode Island
RENTAL REAL ESTAT	E		
5. Principal Office Addres	SS		
	MORIAL BOULEVARD		
City or Town: <u>PROV</u>	<u>IDENCE</u>	State: <u>RI</u> Zip: <u>0290.</u>	<u>3</u> Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Contact P	erson:
Contact Name: Contact			
SUITE			
City or Town: <u>PROV</u>	I <u>DENCE</u> S	itate: <u>RI</u> Zip: <u>0290</u> ;	<u>3</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MATHEYS LANE CAPITAL MANAGEMENT LP <u>10 MEMORIAL BOULEVARD</u> <u>SUITE 1003</u> <u>PROVIDENCE</u>, <u>RI</u> 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of July, 2018 at 11:50:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HEATHER D. CROSBY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved