RI SOS Filing Number: 201876312370 Date: 8/30/2018 4:00:00 PM

Annual Report for imited Liability Co → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional:	ompany ember 1 - Novemi	ber 1	ecember 1.	_	SECRETARY OF CORPORATION	
1. Entity ID Number 001671179		2. Exact name of the Limited Liability Company 160-162 Main Street LLC			WII: 50	
3. NAICS Code 531110 5. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE				
6. Principal Office Address 99 TUPELO STREET			City BRISTOL	State RI	Zip 02809	
7. Mailing Address of Lim		any and Name o				
Contact Name EDWARD J	COXII		Contact Title CFO			
Street Address 99 TUPELO STREET			City BRISTOL	State RI	Z _{IP} 02809	
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - 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			
 Dity	State	Zip	City	State	Zip	
	<u> </u>	L	I	Check the box to i	ndicate an attachment	
Under penalty of perjury	, i declare and aff	irm that I have	of record with the Department of S examined this report, including true and correct		-	
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date		
Name of Authorized Perso				08/23/1	_	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

AUG 3 0 2018

FORM 632 - Revised: 10/2017