State of Rhode Island	d and Providen	ce Plantations				<u> </u>	
Department of	State - Bus	siness Servic	es Division				
Annual Report for the year: 2018						STAMP	
Limited Liability Company						i to to the state of the state	
→ Filing period: Septemb → Filing Fee: \$50.00	er 1 - Novemb	per 1				rea Oi	
→ Penalty: Additional \$25.	.00 fee if form i	is not filed by Dec	ember 1.				
						<u> </u>	
1. Entity ID Number		2. Exact name of the Limited Liability Company					
001674774	Found	Fourteen Sisson Street LLC					
3. NAICS Code	4. Brief des	scription of the char	and				
531110	OWNERS	4. Brief description of the character of business conducted in Rhode Island  OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE					
5. State of Formation						56 √\ 31E	
RHODE ISLAND							
6. Principal Office Address			City	Stat	te	Zip	
99 TUPELO STREET			BRISTOL	RI		02809	
7. Mailing Address of Limited	Liability Compa	iny and Name or Ti					
Contact Name EDWARD J CO	×ΙΙ	Contact Title CFO					
Street Address 99 TUPELO STREET			City BRISTOL	State	<sup>e</sup> Ri	Zip 02809	
8. List ALL managers (names	and addresse:	s) of the Limited Lia	ability Company, IF APPLIC/	ABLE - DO NO	T LIST ME	MBERS	
Manager Name	Manager Name	Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	e	Zip	
Manager Name	Manager Name	Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	e	Zip	
				Check the	e box to indi	t cate an attachment	
9. Resident Agent in Rhode Is	sland. This inform	nation is currently of r	record with the Department of S	State. Changes re	equire filing F	orm 642.	
Under penalty of perjury, I o statements, and that all sta				ing any accor	npanying s	chedules and	
Name of Authorized Person					;		
EDWARD J COX II					08/23/18		
Signature of Authorized Person	<del>9</del> <del></del>	SIGN I	DOCUMENT HERE	· · · · · · · · · · · · · · · · · · ·			

MAIL TO:

Division of Business Services

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

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

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