



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FILED
SECRETARY OF STATE
PROVIDENCE, RI

Annual Report for the year: **2018**
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 117449		2. Exact name of the Limited Liability Company 53 NARRAGANSETT BOULVEARD, LLC			
3 NAICS Code 53190 53 - RENTAL ESTATE AND REAL ESTATE		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5 State of Formation RHODE ISLAND					
6 Principal Office Address 330 NEHOIDEN STREET		City NEEDHAM		State MA	Zip 02492
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM A. ZOPPO		Contact Title MEMBER-MANAGER			
Street Address 330 NEHOIDEN STREET		City NEEDHAM		State MA	Zip 02492
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WILLIAM A. ZOPPO		Manager Name			
Street Address 330 NEHOIDEN STREET		Street Address			
City NEEDHAM	State MA	Zip 02492	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person WILLIAM A. ZOPPO				Date * Sept 6, 2018	
Signature of Authorized Person x <i>William A Zoppo</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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