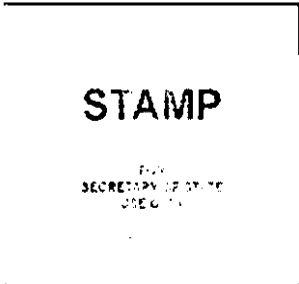




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 RE		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.					
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.					
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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SEP 10 2018
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