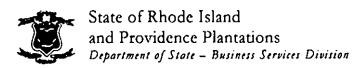
RI SOS Filing Number: 201877176070 Date: 9/11/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1D No. 000856173		2. Exact name of the limited liability company 200 Exchange Street Unit 813, LLC			3. NAICS Code 531317_	
4. Brief description of the character of the business which is actually conduced estate holding company					5. State of Formation Rhode Island	
6. Principal office address 56 Lancashire Drive			City Mansfield	State MA	2 <i>ip</i> 02048	
. MAILING ADD	RESS OF LIMITED LIAB	LITY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:		
Horacio B. Ho	ojman		Manager			
Street Address 56 Lancashire Drive			City Mansfield	State	2ip 02048	
NAME AND ADI	DRESS OF EACH MANAC FILL IN SPACE	ER OF THE LIMITED I	LIABILITY COMPANY, IF AP	PLICABLE - <u>DO NOT I</u> r attachment)	LIST MEMBERS	
Manager Name Natalia Golova Hojman			Manager Name Horacio B. Hojman			
Street Address 56 Lancashire Drive			56 Lancashire Drive			
City Mansfield	State MA	2ip 02048	City Mansfield	State MA	2ip 02048	
Manager Name	-		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	NT IN RHODE ISLAND				···	
iis iiiormation is c		SEP BY(O	1 0 2018 thorized person pursuant to R.		,	
				, I declare and affirm that I ying schedules and statement and correct. Person D		
Check No			Signature of Authbrided i	Person D	8/24 L	

Horacio B. Hojman, Manager

Print or Type Name of Authorized Person