



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<br><b>000151759</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>SEABURY APARTMENTS, LLC</b>                                              |      |                       |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own apartment buildings<br/>TITLE: 7-16</b> |      |                       |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                                               |      |                       |                     |
| 6. Principal Office Address<br><b>32 Perrault Street</b>                                                                                                                                                    |                    | City<br><b>Portsmouth</b>                                                                                                     |      | State<br><b>RI</b>    | Zip<br><b>02871</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                               |      |                       |                     |
| Contact Name<br><b>Rachel Charrier</b>                                                                                                                                                                      |                    | Contact Title<br><b>Member</b>                                                                                                |      |                       |                     |
| Street Address<br><b>C/O McCormack Associates, 331 Union Street</b>                                                                                                                                         |                    | City<br><b>New Bedford</b>                                                                                                    |      | State<br><b>MA</b>    | Zip<br><b>02740</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                               |      |                       |                     |
| Manager Name<br><b>Rachel Charrier</b>                                                                                                                                                                      |                    | Manager Name                                                                                                                  |      |                       |                     |
| Street Address<br><b>331 Union Street</b>                                                                                                                                                                   |                    | Street Address                                                                                                                |      |                       |                     |
| City<br><b>New Bedford</b>                                                                                                                                                                                  | State<br><b>MA</b> | Zip<br><b>02740</b>                                                                                                           | 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                                                                    |                    |                                                                                                                               |      |                       |                     |
| <b>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.</b> |                    |                                                                                                                               |      |                       |                     |
| Name of Authorized Person<br><b>Rachel Charrier</b>                                                                                                                                                         |                    |                                                                                                                               |      | Date<br><b>9/5/18</b> |                     |
| Signature of Authorized Person<br><b>Rachel Chan</b>                                                                                                                                                        |                    |                                                                                                                               |      | 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

**FILED**

**SEP 10 2018**

BY **6345 DS**