



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.

FILED

SEP 10 2018

BY\_

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|                                                                                                                                                                                                             |             |                                                                                                                                                 |                    |                   |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------|
| 1. Entity ID Number<br>488206                                                                                                                                                                               |             | 2. Exact name of the Limited Liability Company<br>BURRS LANE ASSOCIATES, LLC                                                                    |                    |                   |                    |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>ownership, leasing, management, and development of real property |                    |                   |                    |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |             |                                                                                                                                                 |                    |                   |                    |
| 6. Principal Office Address<br>5 Benefit Street                                                                                                                                                             |             | City<br>Providence                                                                                                                              | State<br>RI        | Zip<br>02904-0000 |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                                                                 |                    |                   |                    |
| Contact Name<br>Carl B. Lisa                                                                                                                                                                                |             | Contact Title<br>Manager                                                                                                                        |                    |                   |                    |
| Street Address<br>5 Benefit Street                                                                                                                                                                          |             | City<br>Providence                                                                                                                              | State<br>RI        | Zip<br>02904-0000 |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |             |                                                                                                                                                 |                    |                   |                    |
| Manager Name<br>Carl B. Lisa                                                                                                                                                                                |             | Manager Name                                                                                                                                    |                    |                   |                    |
| Street Address<br>5 Benefit Street                                                                                                                                                                          |             | Street Address                                                                                                                                  |                    |                   |                    |
| City<br>Providence                                                                                                                                                                                          | State<br>RI | Zip<br>02904                                                                                                                                    | 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<br>Carl B. Lisa                                                                                                                                                                   |             |                                                                                                                                                 | Manager            |                   | Date<br>09/04/2018 |
| Signature of Authorized Person<br>                                                                                                                                                                          |             |                                                                                                                                                 | SIGN DOCUMENT HERE |                   |                    |

## MAIL TO:

Division of Business Services

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