State of Rhode Is	sland and Providence	ce Plantations		_		
Department	of State - Bus		ices Division		SECH COF	
Annual Report for t	the year: 20	10			SE P 0 = 공	
Limited Liability Co					2 RASS	
→ Filing period: September 1 - November 1					기 철택병	
→ Filing Fee: \$50.00				_	<u>구</u> 모임 <u>하</u>	
→ Penalty: Additional \$	25.00 fee if form i	s not filed by D	ecember 1.		: : : : : : : : : : : : : : : : : : :	
1. Entity ID Number 520269 2. Exact name of the Limited Liability Company 501 Lessee, LLC					t m	
3. NAICS Code 21390 53/390		4. Brief description of the character of business conducted in Rhode Island Real estate development, investment, management & holding				
5. State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
521 Roosevelt Ave			Central Falls	RI	02863	
7. Mailing Address of Limi	ited Liability Compa	ny and Name or	r Title of Contact Person			
Contact Name Louis Yip			Contact Title Member	Contact Title Member		
Street Address 521 Roosevelt Ave			City Central Falls	State RI	^{Zip} 02863	
8. List ALL managers (na	mes and addresses	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zrp	
			<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhoo	de Island. This inform	nation is currently	of record with the Department of Stat	e Changes require fil	ling Form 642	
Under penalty of perjury statements, and that all			examined this report, including true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Louis Yip			9/26/2018			
Signature of Authorized P	'erson					

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

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