



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>1678147</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>11 BROADCOMMON, LLC</b>                                 |                                |                         |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT</b> |                                |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                              |                                |                         |                     |
| 6. Principal Office Address<br><b>11 BROADCOMMON ROAD, UNIT A</b>                                                                                                                                           |       | City<br><b>BRISTOL</b>                                                                                       |                                | State<br><b>RI</b>      | Zip<br><b>02809</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |                                |                         |                     |
| Contact Name<br><b>JACOB LEDSWORTH</b>                                                                                                                                                                      |       |                                                                                                              | Contact Title<br><b>MEMBER</b> |                         |                     |
| Street Address<br><b>11 BROADCOMMON ROAD, UNIT A</b>                                                                                                                                                        |       | City<br><b>BRISTOL</b>                                                                                       |                                | State<br><b>RI</b>      | Zip<br><b>02809</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                              |                                |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                              | Manager Name                   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address                 |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | 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>JACOB LEDSWORTH</b>                                                                                                                                                         |       |                                                                                                              |                                | Date<br><b>10/12/18</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                              |                                | 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**  
**OCT 17 2018**  
**BY 104 DS**