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.

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4. Catitu ID Number	2 5	ama aféha limita d	Liability Campany	 			
1. Entity ID Number 131540	_	2. Exact name of the Limited Liability Company Annandale Associates, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531110	Real Estat	Real Estate Investment and Holdings					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
450 Veterans Memorial Parkway, Suite 7A		East Providence	RI	02914			
7. Mailing Address of Limited	d Liability Compa	any and Name or T	itle of Contact Person	•			
Contact Name James J. Belliveau		Contact Title					
Street Address 450 Veterans Memorial Parkway, Suite 7A		City East Providence	State RI	^{Zip} 02914			
8. List ALL managers (name	es and addresse	s) of the Limited Lia	ability Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City	State	Zrp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
		<u>_</u>	!	Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island, This inform	nation is currently of i	record with the Department of State.	Changes require fili	ng Form 642.		
Under penalty of perjury, I statements, and that all st			amined this report, including a ue and correct.	any accompanyir	ng schedules and		
Name of Authorized Person				Date	_		
James J. Belliveau			/0	.31.18			
Signature of Authorized Per	son X	Msign	DOCUMENT HERE				
	$(\)\ \cup$						

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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