2919 HA)	CORPORA
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Annual Report for the year: 2016 **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.

Entity ID Number	2. Exact name of the Limited Liability Company					
000097761	Route 7 Realty, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	To own, operate and manage real estate.					
5. State of Formation						
Rhode Island						
6. Principal Office Address	pal Office Address			State	Zip	
245 Summer Street, ZW9A			Boston	MA	02210	
7 Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name Robin Gotshall		Contact Title Secretary				
Street Address 245 Summer St., 2	et Address 245 Summer St., ZW9A		City Boston	State MA	<sup>Zip</sup> 02210	
8. List ALL managers (names ar	nd addresses) (	of the Limited Lial	bility Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS	
Manager Name Alicia B. Sunberg		Manager Name				
Street Address 245 Summer Street		Street Address				
City Boston	State MA	Z <sub>IP</sub> 02210	City Boston	State MA	Zip 02109	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
		<del></del>	<del></del>	Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informat	ion is currently of re	ecord with the Department of	State. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ling any accompanying	schedules and	
Name of Authorized Person	1			Date	Date	
Robin J. Gotshall	obin J. Gotshall			3/22/201	3/22/2019	
Signature of Authorized Person		Jely	Sotoral	8		

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

FORM 632 - Revised: 08/2016
4:06