



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
**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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**FILED**

MAY 28 2019

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|   |                 |  |                               |                     |     |
|---|-----------------|--|-------------------------------|---------------------|-----|
| 1. Entity ID Number<br><b>001672847</b>   |                 | 2. Exact name of the Limited Liability Company<br><b>BLACKSTONE CENTRE III LLC</b>                           |                               |                     |     |
| 3. NAICS Code<br><b>531390</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE INVESTMENT</b> |                               |                     |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |                 |  |                               |                     |     |
| 6. Principal Office Address<br><b>6 BLACKSTONE VALLEY PLACE, SUITE 206</b>  |                 | City<br><b>LINCOLN</b>   | State<br><b>RI</b>            | Zip<br><b>02866</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |  |                               |                     |     |
| Contact Name <b>JOSEPH RAHEB</b>  |                 |  | Contact Title <b>ATTORNEY</b> |                     |     |
| Street Address <b>660 WASHINGTON HWY., SUITE 200</b>  |                 | City <b>LINCOLN</b>  | State <b>RI</b>               | Zip <b>02866</b>    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |  |                               |                     |     |
| Manager Name <b>W. SCOTT KEIGWIN</b>  |                 | Manager Name   |                               |                     |     |
| Street Address <b>60 CARRIAGE DRIVE</b>   |                 | Street Address   |                               |                     |     |
| City <b>PORTSMOUTH</b>  | State <b>RI</b> | Zip <b>02871</b>   | 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><b>W. SCOTT KEIGWIN</b>  |                 |  | Date<br><b>5/24/19</b>        |                     |     |
| Signature of Authorized Person<br>  |                 | SIGN DOCUMENT HERE   |                               |                     |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov