



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000795091

2. Exact Name of the Limited Liability Company BALD HILL ROAD HOLDINGS LLC

3. State of Formation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531311

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO PURCHASE, ACQUIRE, BUY, SELL, OWN (EITHER DIRECTLY OR AS THE HOLDER OF A BENEFICIAL INTEREST IN ANY NOMINEE REALTY TRUST, PARTNERSHIP INTEREST OR INTEREST IN ANY OTHER LIMITED LIABILITY COMPANY), DEVELOP, IMPROVE, MAINTAIN, OPERATE, LEASE, FINANCE, REFINANCE, SELL AND OTHERWISE DEAL WITH PROPERTY LOCATED AT 1400 BALD HILL ROAD, WARWICK, RHODE ISLAND, AND TO ENGAGE IN ALL ACTIVITIES INCIDENTAL THERETO, AND TO ENGAGE IN ANY OTHER ACTIVITIES IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS MAY LAWFULLY ENGAGE.

5. Principal Office Address

No. and Street: ONE ADAMS PLACE
859 WILLARD STREET, SUITE 501

City or Town: QUINCY

State: MA Zip: 02169 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: ONE ADAMS PLACE

City or Town: 859 WILLARD STREET, SUITE 501
QUINCY State: MA Zip: 02169 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THE GROSSMAN COMPANIES, INC.	ONE ADAMS PLACE 859 WILLARD STREET, SUITE 501 QUINCY, MA 02169 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of August, 2019 at 8:41:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LOUIS J. GROSSMAN ON BEHALF OF THE GROSSMAN COMPANIES, INC.
Signature of Authorized Person

Form No. 632
Revised 09/07