



**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.** 001689480

**2. Exact Name of the Limited Liability Company** 34 Benefit Street Providence LLC

**3. State of Formation**

State: DE

**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**

TO OWN MANAGE LEASE OPERATE AND OTHERWISE DEAL WITH REAL ESTATE  
LOCATED  
ST 34 BENEFIT STREET PROVIDENCE

**5. Principal Office Address**

No. and Street: 1101 WORCESTER RD., 4TH FLOOR  
C/O TAYMIL PARTNERS LLC

City or Town: FRAMINGHAM State: MA Zip: 01701 Country: USA

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

Contact Name: VP/CONTROLLER Contact Title: KATERA LAZEREN

No. and Street: 1101 WORCESTER ROAD  
4TH FLOOR

City or Town: FRAMINGHAM State: MA Zip: 01701 Country: USA

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

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	TMI COLLEGE HILL MANAGER I LLC	1101 WORCESTER ROAD, 4TH FLOOR FRAMINGHAM, MA 01701 USA

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

DAVID M. GILDEN, ESQ. 40 WESTMINSTER STREET, SUITE 1100 PARTRIDGE SNOW & HAHN LLP  
PROVIDENCE , RI 02903

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

**Signed this 23 Day of August, 2019 at 9:16:39 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 STEVEN R. ASTROVE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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